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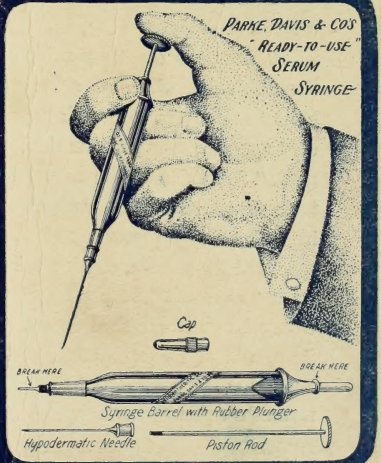

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ORIGINAL COMMUNICATIONS.

Cold in the Treatment of Pneumonia

By W. Hosea Moss, M. D.

Gentlemen:—In presenting my paper on Cold in the Treatment of Pneumonia, I disclaim any intention on my part to be offering or advancing any new mode or plan of treatment, as the treatment of this dire disease by the cold applications has been in use for several years; but I don't think it has been thoroughly introduced in this section of the country. Having treated quite a number of cases of acute pneumonia during the past spring, some of them quite severe, too, in which I adopted the cold treatment entirely, with the most gratifying results, is my reason for inviting your attention to this important therapeutic measure. You well know that the medicinal treatment of pneumonia is in what may be called an unsatisfactory condition. There is neither unanimity nor precision of purpose in the minds of medical men as to what is best to be done for this disease. This is all the more surprising when we reflect that it is one of the oldest diseases known to medicine and one in which no difference of opinion prevails in regard to its pathology. Forty or fifty years ago pneumonia was looked upon as being one of the most typical of inflammatory diseases, and the most active antiphlogistic treatment was adopted to overcome it. Venesection was practiced to a point of syncope, while calomel and tartar-emetic were given internally, and blisters were applied externally. In time it was found, however, that the results which were obtained from this mode of treatment were not as good as those which were gotten by the Homeopathic practitioners of that period. This proved to be a wonderful stimulus to the growth of homeopathy; but it was bound to be short lived, in-

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asmuch as experience proved beyond the peradventure of a doubt that the expectant or the let-alone plan did more in pneumonia than any other form of treatment which had been in use up to that time. It was also shown clinically that if the expectant plan was combined with good feeding better results were obtained than by any other method. While blistering and bleeding have been relegated to the past, where they properly belong, they have been displaced by hot poultices, aconite, veratrum, belladonna, and other agents, of which it is not too much to say that, like their predecessors, they have come to grief in the retort of clinical experience—indeed, I believe it can be safely said that no real and distinct advance has been made in the treatment of pneumonia for years, until up to quite a recent date. It is the opinion of many eminent practitioners that this step of progress in the treatment of this disease is chiefly, if not entirely, due to the application of cold to the chest; although this is by no means a new procedure, it has not received, as mentioned before, the attention of the medical profession of this country which it deserves. Cold has been applied in the treatment of pneumonia by the Germans for a long time. A great deal of difference of opinion exists in regard to the action of cold, and to the manner in which it should be employed. Much of this depends on the pathological view which is held of the disease. Many practitioners of high repute maintain that the disease is a constitutional one and that its chief danger arises from the high fever, which finally leads to cardiac failure; hence the great desideratum is to reduce the temperature at large, and to support the heart. To this end the patient is given a periodical bath in cold water or uses cold sponging freely and administers heart tonics. On the other hand, if it is held that the local trouble in the lung is responsible for the elevated temperature, attention will be drawn from the general condition of the body, and will be centered more on the chest, and under these circumstances the cold will be applied directly to the inflamed lung, as was first advocated by Niemeyer. While the cold bath has proven eminently successful in and has revolutionized the prognosis of typhoid fever, yet many clinicians hold, "and I am of the same opinion," that the pyrexia of pneumonia is not of a similar nature to that of typhoid fever, nor that it yields to cold applied in the same way—that is to say, by cold sponging, as in typhoid fever. It appears that the fever of pneumonia is best subdued by cold in the form of ice being applied directly over the lung, or part of the lung, which is affected, and not by general baths, or by spongings. It is just here where the strength and value of the measure lies. The fever is undoubtedly largely due to the inflammatory disturbance in the lung, and it is evident that any measure which abates the pulmonary disorder also strikes at the very seat of the disease and brings about an amelioration of the whole condition of the patient. This is the way in which the ice accomplishes its good results—not through its general, but through its local influence. Halfway measures will, however, not suffice here and hence the cold must be applied continuously and persistently. How is the cold to be applied? The simplicity of its application not only recommends it, but is unique. In the first place the ice must be broken in pieces small enough to go into a flat bag which is wrapped in a towel and

placed against the affected area, and if the patient is restless and trouble in keeping the bag in place is experienced it is advisable to surround the patient's chest with a bandage or a broad towel and fix it. If the pulmonary disorder is confined to the front base on one side only, one bag will suffice, but if it extends to the side and back at least one or more bags must be applied laterally, and as far back as possible. If the affection is extensive, put on as many ice bags as are necessary to cover the whole area. It is always of great importance to watch the morbid process, for it is apt to migrate sometimes from one spot in the chest to another, and if this is the case follow it up with the ice bags.

Now, as to how long the cold should be applied: In most cases this is governed by the amount of fever which is present. If this falls to, or near the normal point, showing a tendency to remain there, the ice may gradually be removed. Great care must be exercised, however, in doing this, for frequently before this is off very long the temperature flies up to as high or nearly as high a point as it was before. This is an error which could have been avoided by either withdrawing the ice more slowly or allowing it to remain longer. I know that when the fever drops to near the normal point, the fear of depressing the temperature too much takes hold of the attendant, and is a great temptation to throw the ice to one side. I believe, however, the premature withdrawal of the ice is more detrimental to the patient than the injury which it is possible to inflict by keeping it applied too long. It happens sometimes that the temperature suddenly flies up while the ice remains in contact with the inflamed area. When this occurs there is no reason to suspect that the process has lighted up freshly in the area, the inflammatory activity of which had been reduced by the ice, but rather that the engorgement and exudation have extended their field of operations and invaded another lobe, or part of a lobe.

In this connection it is interesting to call attention to the fact that the ice is not employed for the sole purpose of reducing the pneumonic fever, but with the idea of conquering the local process and of hastening resolution in the affected part. It is well known that in some cases of pneumonia, as in the aged, for example, there is no, or very little fever present, yet the destructive changes in the lungs are going on at a rapid rate. In senile and latent pneumonia the activity with which the ice is applied must, therefore, be governed entirely by the impression which is being made on the pulmonary disintegration. This must be the objective point and not the fever in such cases.

This leads us to the point of enquiring into the value of fever as a prognostic sign in acute pneumonia. Is a high temperature of graver import than a low one, or is the reverse true? It is of course universally conceded that a temperature of 107 F. or 108 F. is excessive and almost fatal; but it must also be admitted that a markedly low pneumonic temperature is equally perilous, hence safety lies somewhere between these two points. But is the point of safety near the upper or lower line? If other things are the same, I think it may be taken for granted that a low temperature in pneumonia is of more serious import than a high one, within the above indicated limits.

Fever is an expression of the degree of vital resistance which is present in the body, and if its curve does not as-

cend above 105 F. the prognosis is good; but if it either goes up very high, as in hyperpyrexia, or very low, as in the pneumonia of inebriates, it is evidence of serious exhaustion, and a warning that the vital forces are inadequate to cope with the destructive process, this view being heartily endorsed by many good authorities. The maximum safety as regards the temperature is placed between 104 F. and 105 F. Below this standard as well as above it the mortality increases.

What, then, is the action of cold on the inflammatory process of the lung? Pathology teaches us that in this condition the pulmonary capillaries are greatly dilated and distended, and that the blood which they contain is either at a complete standstill or circulates very imperfectly. In consequence of this fullness the serum of the blood is forced through the distended walls of the capillaries and deposits itself in the air cells of the lung. Indeed, it seems as if the original trouble in such an affected area resides in a sudden overdistention of the pulmonary capillaries, and furthermore it seems that any agents or influence which possesses the power of toning up these vessels and of bringing them to their normal dimensions has the power of contracting blood vessels, and from this it is clear why it should have a beneficent action in this disease. I am quite convinced that cold properly applied checks the further spread of pulmonary congestion, and invites resolution.

What is to be said in regard to the heart in pneumonia? One hears a great deal about this subject at the present time—indeed, from some of these expressions it really seems as if the heart, and not the lung, is the organ chiefly implicated in this disease, and as if death is due to heart failure and not to pulmonary exhaustion. No one will, I think, be rash enough to say that the heart is as strong as it was before the onset of the diease. This would manifestly be impossible, on account of the intimate relations which exist between the pulmonary and circulatory organs; but the doctrine which teaches that pneumonics die because the heart is unequal to the task of forcing the blood through the congested lung is not only nonsense of the sheerest kind, but mischievous to a serious degree.

It is unquestionably true that the heart is seriously embarrassed on account of the pulmonary obstruction, but the practitioner who is guided by the theory that the heart is able to overcome this obstruction if its propulsive power can be maintained will naturally administer digitalis, in the hope of accomplishing this object. His attention is concentrated on the heart and withdrawn from the lungs, where the center of the disease's activity is going on and without doing anything directly to allay the primary disorder, he contents himself with the belief that by supporting the circulatory organ he is doing the very best that can be done for his patient.

Is not this sort of therapeutic reasoning mistaking the effect for the cause? Is it not an effort to mend something which is very little out of joint, except in a passive way?

It is a great error to believe that the treatment of pneumonia resolves itself into the simple problem of whipping up the heart; but it is rather a question of removing the engorgement and exudation in the lung, and of thus indirectly freeing the heart from its entangled situation. All this is accomplished by the ice.. This agent not only lifts the blockade in the heart, reduces the fre-

quency of its movements and invigorates the force of its contraction. The local effects of the ice are not any more remarkable than is its influence on the prominent symptom of this disease. The temperature begins to fall in a very short time, and in some cases makes a rapid descent, frequently falling two or three degrees in the course of ten to fifteen hours, and, what is more interesting than all, is that a decline of this kind is very rarely followed by a rise, if the ice is assiduously kept in place. The pain in the chest, the laborious breathing and the cough are alleviated, and often to such a degree that it compels those who might rebel against its use in the first place to give a favorable opinion of its effects. The prompt removal of the distressing symptoms are almost magical, thereby serving to dislodge any prejudice that may exist.

So far I have noticed no injurious effect from the application of ice; the same testimony comes from all who have used it. Among these is Dr. Lees, who says: "I have never seen any harm follow the employment of the ice bag in pneumonia." Dr. Fred Jackson, of Brockville, Ont., who has used ice in the treatment of pneumonia for a number of years, is of the same opinion. It must not be inferred from what has been said that other treatment is useless in this disease. Next to ice, strychnine is probably of the greatest utility. Oxygen has its place. Alcohol in the form of brandy or whiskey is very useful. The patient should of course be well fed. Panopepton, fresh milk, soft eggs, constitute the best food product.

The plague is reported to have appeared in Russia in certain factories where fur coats are made for the troops in Manchuria.

Pneumonia with Remarks in Regard to its Treatment.

By W. D. Kellum, M. D., Shiloh, N. C.

Lobar Pneumonia is an acute infectious inflammatory disease of the lungs, characterized by high fever, and usually terminating by crisis in about seven days.

Causes.—The predisposing causes of pneumonia are: Previous attacks of pneumonia, influenza, alcoholism, exposure to cold and dampness; traumatism, depressing influences of all kinds, both mental and physical; and it occurs during all seasons of the year, but principally during the winter and early spring months.

The exciting cause is a number of micro-organisms, of these Frankel's pneumococcus being the most frequent, next to this in frequency is Friedlander's bacillus, and others sometimes found are the streptococcus, staphylococcus, and the bacillus of Pfeiffer.

Pathology.—The characteristic leison of lobar pneumonia is the deposit of an extensive fribrinous, hæmorrhagic exudate in the bronchioles and alveolar structure of the lungs. It may involve one or more lobes of one lung, or both lungs; but most frequently the lower lobe of either lung, and the right side more often than the left.

The lung exhibits three stages:

First, or congestion.

Second, or red hepatization.

Third, or gray hepatization.

1. In the stage of congestion the lung is engorged with blood, but is still permeable to air; the air spaces contain granular matter, fibrin, epithelial cells, red blood cells, and pus cells. This stage usually lasts about 24 hours.

Presented to the Seaboard Medical Association of North Carolina and Virginia at its Washington, N. C., meeting, Dec. 6-8, 1904.

but may extend over four or five days.

2. In the stage of red hepatization the lung is larger and heavier than in health and is of a dark red color. It is hard, though friable, and has a granular appearance. It pits on pressure and marks of the ribs are often seen on its surface. The pulmonary pleura is coated with fibrin.

3. The stage of gray hepatization is manifested by a grayish-white coloration and liquefaction begins, causing the lung to become softer. The red blood cells and fibrin filaments disappear, while the white blood cells become numerous. These white corpuscles soon undergo fatty degeneration, producing a yellowish color. As recovery takes place the contents of the air vesicles liquefy and the product is partly expectorated, but most of it being absorbed.

The adjacent pleura is always involved in a superficial pneumonia.

Symptoms.—The symptoms of an acute pneumonia may be more dependent upon the general infection or the local manifestation, but usually the latter. It seldom has any prodromal symptoms, starting with a severe chill, which is followed by a high fever, the temperature rising rapidly to 103° to 106° F. The patient, when seen by the attending physician, has a bright expression in his eyes; his cheeks are flushed; has a strong and full pulse, increased respiration with the alæ nasi moving with each breath, and a hard, dry cough; and complains of a severe pain in the affected side. These conditions continue for five or eight days, then comes what is known as the crisis, the temperature falls as much as six degrees in one day, the pulse and respiration improve. The sputum, which during the second stage was of a brick-dust color, gets clearer and thinner.

By an examination of the urine you will find that it has a high specific gravity, and is of a reddish color, the amount of chlorides is reduced or absent. They usually return as the crisis comes on. Traces of albumen may be present.

At times your first symptom may be a marked jaundice, which is of a catarrhal or a hæmatogenous character.

The leucocytes are usually greatly increased in number, at times there being as many as 70,000.

The physical signs after the first day or two are usually very distinctive. Vocal fremitus soon becomes increased, then we get the crepitant rale. As the lung becomes consolidated we can hear the high-pitched bronchial breathing, and get absolute flatness on percussion over the solidified area.

Prognosis.—In A. D. 1900 the mortality was four times as great from pneumonia as it was in 1850. The deaths from tuberculosis for the census year 1900 A. D. aggregated 109,750, and for the same year pneumonia claimed 105,975 (Sajous).

Why is there such an increase in the death-rate from pneumonia, while in pulmonary tuberculosis it is gradually decreasing? The predisposing causes of the one disease are very much those of the other.

I fear that the most of us are inclined to look upon pneumonia as an infectious disease that runs its course, and feel that all we can do is to get a nurse to watch the patient, while we order for him stimulants and antipyretics when needed.

Treatment.—Every case of pneumonia is a law unto itself and requires individual treatment, but there are a few general rules we may observe in the

average case—nourish, sustain and keep your patient quiet.

When I first see a patient, I usually give him at bedtime a capsule containing calomel gr. v, ipecac gr. ¼, and soda bicarbonate gr. v, and give a saline the next morning. It is very important to keep the intestines cleaned out and the secretory organs acting freely.

I believe many lives have been saved since the use of creosote or some of its preparations has come into vogue. I have seen creosotal act nicely in these cases; usually it seems to shorten and lessen the severity of the attack. I begin by giving two drops three times a day, increasing the dose a drop every dose until it reaches ten drops, then I decrease it a drop every dose. The chief feature of this method of treatment consists in the effort to overcome the toxæmia, which is usually the most serious element in a case of pneumonia.

After the first day or two I give whiskey in a milk toddy, every three or four hours. It stimulates and nourishes your patient.

We still have to rely upon a symptomatic treatment of these cases, fever often requiring treatment. I never give antipyretics to these cases because of their effect upon the heart. I prefer the ice-pack. Take several ice bags and fill them with ice, cover them good with towels, and place them over the affected side, and I usually put one on the patient's head for a temperature over 102° F. If this does not do, I give a sponge bath every half hour until the temperature comes down a few degrees.

For severe pain and excessive coughing I often give a hypodermic injection of morphia.

I do not give strychnine until a day or two before the crisis is expected, and I try to tide the patient over the crises by heavy stimulation, giving 1-30 of a grain every four hours, and often adding to this ½ grain of sparteine.

In cases with marked dyspnœa, cyanosis, and a generally congested condition of the vascular system, due to the inability of the right heart to drive the blood through the engorged lungs, we get good results from inhalations of amyl-nitrate.

I am sorry to say that blood-letting is going nearly out of use. We have all seen patients unquestionably saved by the timely use of the lancet. There are two periods in which it might be of service: First, in the early stage for the relief of pain and dyspnœa when the patient has a full, bounding pulse; and, second, in the advanced stage where there is engorgement of the right heart associated with cyanosis, etc. Take away enough blood to relieve the symptoms. This is followed by a saline infusion.

Now, we come to the subject of blisters. Nearly every case of superficial pneumonia is accompanied by more or less pleuritic envolvement, and in these cases a blister frequently acts like magic. Those of us whose work is practically in the country can appreciate more thoroughly the value of a good, big blister than can our city brother. Often we find our patient way back in a neglected section, where it is impossible to get any assistance, and we have to blister when we would prefer to bleed. Usually after a big blister in the first stage, or the early part of the second, we find the patient running a lower temperature, having less pain, and doing better generally. In cases of delayed resolution it acts nicely. In conclusion I would say, when you use a blister, use one large enough to do some good, as it is no more painful than a small one, and is much more effe-

Influenza; LaGrippe.

By A. L. James, Brandon, N. C.

Influenza is an acute, contagious, epidemic and apparently endemic disease of the protean type, characterized by sudden extreme prostration, muscular pain, irritation of the respiratory and gastro-intestinal tracts and of the nervous system.

Although it was recognized as an epidemic disease as early as 1510, and there has been epidemics of the disease at intervals since, and an epidemic that extended almost around the world in 1888, we know very little about the true character of influenza at the present time.

Every since the epidemic of 1888, we have had influenza in the United States, hence the endemic character of the disease.

Though it has assumed an endemic character, the attacks seem to grow lighter every year and but for the fact that we are exposed to the dangers of another epidemic—by travel—that will disseminate the specific cause in a more virulent form, we could anticipate, with a great degree of accuracy, the time when we would be free from influenza in this country.

Etiology.—The micro-organism, bacillus influenza, is now known to be the specific cause of influenza. This organism will develop on artificial culture media to which blood has been added only, and it must be kept at about the same temperature as that of the human body.

It is found in the mucus secretions, in the blood, and no doubt could be found in the tissues of the diseased body. It is strictly acrobic and can be cultivated ti the surface of the medium only. ing bbott says: "Contrary to what might be supposed, the bacillus of influenza has very little tenacity of life outside of the human body. It is destroyed in from two to three hours by rapid drying, and in from eight to twenty-four hours when dried more slowly. Cultures retain their vitality for from two to three weeks. The organism dies in water in a little over a day. As a result of these observations Pfeiffer does not believe the disease to be disseminate by either the air or the water, but rather by direct infection from the catarrhal secretions of the patient."

The organism has rarely been found outside of the human body.

As the complications of influenza are more disastrous than the disease itself, and it is a fact that has long been recognized that influenza has a tendency to develop "latent diseases into active diseases" it seems reasonably clear that the endemic character of the disease is due to infection from patients that are suffering from complications of the disease which have become more or less chronic and in which the organism, in a modified or less virulent form, still exists.

Morbid Anatomy.—There are no anatomical changes to be found after death except those of the complications.

Symptoms.—The incubation period of influenza is from a few hours to six days. It attacks people that are exposed to its organisms regardless of age or circumstances.

The outset is irregular, depending on the form of the disease. We have the respiratory, nervous, gastro-intestinal and febrile forms of the disease, according to which set of symptoms predominates.

The attack may be ushered in with chills, apparent coryza, sneezing, cough,

efore the Ashe Co Medical Society.

faucitis, expectoration, enlarged post-cervical glands, fever, rapid pulse, muscular pain, pain in the posterior part of the head or the entire muscular system. Or we may have sudden extreme prostration as the first symptom of influenza, with mental depression, delirium, paralysis, fever and failing heart. Or it may begin with nausea and vomiting, gastric catarrh, and at times diarrhœa is present, And at times we have influenza in which fever is the dominating symptom. It may run up to 106° F., and is irregular. Except in the febrile form of the diease the fever rarely exceeds 103° F.

Complications.—We may have inflammation of any of the organs or tissues of the body as complications, but the most frequent complications are—in the order of enumeration—pneumonia, bronchitis, capillary bronchitis, pleurisy, phthisis pulmonalis, peritonitis, endocardis, otitis media, mastoditis, meningitis, nephritis, neuritis—especially of the spinal nerves—paralysis of the spinal nerves and many other forms of nervous diseases.

The word "grip" is abused in this part of the country by a large number of physicians by calling every case of simple catarrh or coryza "grip..,' This fact is to be regretted, because it leads to the erroneous conclusion that influenza is a disease of but little importance and therefore requires but little or no treatment; whereas, if we have a real case of influenza it is a very important case and demands skillful treatment.

There are forms of influenza that are difficult to diagnose from typhoid fever, but if the suddenness of the attack and the irregular temperature of "grip" be remembered we need have but little trouble.

Cerebro-spinal fever bears a close resemblance to "grip" and in cases of the nervous type of "grip" it is impossible to differentiate the diseases; but commonly influenza has a shorter course, followed by complications, and the fever is rarely so high as it is in cerebro-spinal fever, and the extreme sudden prostration of "grip", which is more gradual in cerebro-spinal fever, will enable us to make the proper diagnosis in the most of the cases.

Treatment.—The treatment of influenza consists of the prophylaxis, the treatment of the attack and the treatment of the complications. The prophylactic treatment is the isolation of all cases of the disease and the maintainance of a rigid quarantine, and the disinfection of the mucus secretions and the excreta of the patient and the treatment of any local disease of the nose or throat of all nurses or physicians that come in contact with the patient.

Treatment of the attack.—Unfortunately we have no known specific treatment for influenza, therefore the treatment is the treatment of the symptoms.

For the prostration rest in bed throughout the attack with plenty of easily assimilated diet, and fresh air. To keep up the strength quinine is as good a remedy as we have and should be given in tonic doses from start to finish. For the pain phenacetin in 5-grain doses every four hours and when necessary to relieve pain we can give phenacetin in 8-grain doses every two hours. In some cases morphine is required for the pain. It should be given, however, in small doses.

If we are dealing with the gastro-intestinal type of the disease small eggs, salt, much irritation about the mouth to taste. should give small doses often.—Use broth ten repeated until a chicken, and the hours after last a chicken boiled until ister a dose o

But avoid excessive stimulation of the gastro-intestinal tract.

For the cough, before the secretions set in, codein sulphate 1-16 to ¼ grain. After the secretions begin ammonium chloride 10 grs with 15 m. of the syrup of squills every 4 hours, and if we need a more powerful stimulant the aromatic spirits of ammonia, ½ drachm every 3 hours, will answer admirably. If the heart is failing, strychnine, 1-40 to 1-30 gr. every six hours, should be used, and ammonium carbonate, 8 grs. every two hours, is a good heart stimulant. Strophanthus and digitalis are required at times in some cases. If the fever is high apply cold locally.

Treatment of the complications.—When pneumonia develops we should apply stimulants of the most pronounced character, such as strychnine and carbonate of ammonia and sustain the patient by forced feeding.

The other complications would require the same treatment as diseases of the same organs from any other couse for which we have no specific treatment.

Practical Diet in Typhoid Fever.

By Albert Anderson, M. D , Wilson, N. C.,

Practical diet, as considered in this paper, may be to most of you radical and impractical, but I hope to give sufficient reasons for the course outlined.

While typhoid fever fortunately is a self-limited disease, it is unfortunately one of the greatest in tissue waste during its course. Arresting or aborting its course by giving drugs is not to be considered, as we have no specific se- It counteract its toxine as it flows the blood in the tissue. uctive mission in the vital

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fluid, bothering and infecting every living cell. So the great question to solve is maintenance of your patient against these toxic forces, through the powers of food elaborated by the processes of digestion and assimilation.

Through chemical composition, we classify food as organic or inorganic; according to functions we have one class that may be named tissue builders, and another which is consumed in producing work and heat. Protein, fats, carbohydrates, salts and water are necessary in any condition of life, but their uses in typhoid fever vary greatly from that of health.. This fever being one of great tissue waste, it is necessary to use tissue builders, viz: protein, mineral matters and water, to limit and replace this consumption of the frame work of the human body, and the selection of protiens which can be digested and assimilated without leaving a residue which will be irritating to the intestinal tract is a problem, if wisely managed will keep your patient from going into a condition of danger and enable him to keep somewhere near the normal standard and thereby successfully combat the forces of this disease. Underfeeding allows a general atrophy to begin and to proceed to a danger point of incapacity of the alimentary canal to digest and assimilate. The muscles of the bowels are exercised by peristalsis. Unless you give the alimentary tract something to do, atrophy of the muscles in the intestinal walls reaches a point in the long course of this fever, which we consider the danger point, of such debility that when food is given peristalsis cannot be induced on account of this muscular weakness.. As the strength of a chain is measured by its weakest link, so we have the same condition in the intestinal tract from mus-

cular atrophy and it therefore happens in many cases fed on exclusive liquid diet that when the first good meal is given this danger point shows up in the shape of a perforation which is a certain etiology of "funeralitis."

Liquid diet, including milk, has been rigidly adhered to through the ages, and whenever relapses occurred it was presumptive evidence that something solid had been stolen or gotten by the patient to cause the relapse. This was my position up to three years ago. After seeing a so-called liberal diet of solids and liquids tried, I became convinced that I was in error. To express my position clearly, I find it in the quotation:

"One of the things which set me to thinking of this question of the diet in typhoid fever was the favorable course run by several acute febrile cases, for whom I ordered a full diet, because they were weak; believing at the time of so doing that typhoid could be excluded, but being forced to the conclusion later that only typhoid fever could explain the whole course of the disease. These patients did perfectly well, were happier and convalesced more rapidly than my recognized typhoid cases fed exclusively on milk. For five years now I have been enlarging the diet of my typhoid cases and have no reason to regret this course, but, on the contrary, found cause for satisfaction."

Then the same authority gives 233 cases treated in the Massachusetts General Hospital during a period of seven years, with a mortality of 10 per cent. or a diet of milk and 147 cases treated during a period of five years under a much more extended diet with a mortality of 8.1 per cent.

In advocating a pratical diet,, we exclude milk, but do not mean to recommend an indiscriminate diet. The patient with his digestive powers and idiosyncrasies should be considered and foods given which will leave no irritating residue to pass over the disordered intestinal tract and the selection and preparation of these foods will depend upon the dietetic knowledge of the doctor and the cooking ability and devotion of the nurse.

From the diet list used in the Wilson Sanatorium I will mention the following:

Cream of chicken soup.
Cream of pea soup.
Cream of celery soup.
Cream of potato soup.
Clear tomato soup.

Scraped beef, squabs, tender stewed young chicken, potato roses, baked potato, barley water, egg lemonade, egg orangeade, gelatine, grape juice, sherbets, and ice cream carefully prepared.

CREAM OF ONIONS.

Consisting of 1 pint sliced onions, ½ pint milk, 2 teaspoons flour, 2 teaspoons butter, ½ teaspoon salt, ¼ teaspoon pepper.

Method of Preparation.—Cook the onions in salted water till tender. Heat the milk in a double boiler, add the flour and butter, make into a roux, add salt and pepper and cook until thick. Drain onions and add to the sauce.

CREAM OF CHICKEN SOUP.

Consisting of 1 pint chicken broth, ½ cup cream, ½ cup milk, ½ cup chicken, ¼ cup cracker crumbs, 1 bay loaf, small slice onion, yolks of two eggs, salt, white pepper and celery salt to taste.

Method of Preparation.—Use broth made from an old chicken, and the meat of a young chicken boiled until

tender, and passed through a chopping mill twice. Soak crumbs in milk, add to the chicken and pass through a colander, add to the broth, add cream, bay loaf, onion, salt, pepper, celery salt, cook half an hour in a double boiler, add the two yolks well beaten and cook a few minutes more. Serve with toasted squares of bread.

CHICKEN BROTH THICKENED WITH ARROWROOT.

Moisten two teaspoons of powdered arrowroot in a little water, and add to a pint of chicken broth, and boil fifteen minutes.

FROZEN PEACH WHIP.

Two large, soft peaches, 2 tablespoons sugar, white of one egg.

Peal the peaches and pass through a strainer, add the sugar, and then the white well beaten. Freeze slightly.

PINEAPPLE JUICE AND BARLEY WATER.

Add ¼ cup of pineapple juice to ½ cup of barley water and pour into a glass containing a little cracked ice; sweeten to taste.

ABSTRACTS.

Poison Ivy.

Ivy Poisoning.—(*Med. Sum.*) There are about seventy varieties of ivy that will produce a dermatitis in susceptible individuals, the degree of susceptability being varied in different individuals. Immunity from the effects of repeated attacts is rarely secured. The degree of irritation varies little. The variety of the plant, and all degrees of trouble from slight irritation to severe inflammation, are noted. In treatment numerous remedies have been advised but the more rational of these consist in some mildly alkaline astringent, and antiseptic wash or ointment. The conjoint use of equal parts of lime water and black wash, followed by the application of oxide of zinc ointment, is a safe and generally efficient treatment. Or five per cent boric acid solution, followed by the zinc ointment. Borax, sodium bicarbonate, ammonium muriate, sodium hyposulphite, may all be used in weak solutions, and clothes kept constantly wet with any such solution may be allowed to protect the affected part from the air. A lotion of fluid extract of grindelia robusta, two drams to four ounces of water, has been commended by Duhring. Stelwagon advises a dram of calamin blended in an ounce of oxide of zinc ointment. Painting with sweet spirits of niter has been enthusiastically advised by those who have used it extensively. Zinc sulphate, half to two grains to the ounce, combined with two to five grains of carbolic acid, is useful.

Whatever application is used, the blisters should be punctured at least once each day and the serum patted out with gentle touches, the part is then washed with warm water (which may be made slightly alkaline by soda or other of the alkaline drugs mentioned above) and the treatment previously applied again resumed immediately.

Syphilis.

Syphilis Continuously Treated by Intramuscular Injections of Mercury Salicylate. (*N. Y. and Phil. Med. Journ.*)—Sinclair states that with inunctions he has difficulty in inducing his patients to follow the plan of treatment for more than a few months. The internal administration of the protoidide in tablet

form is the most common form of treatment. Here the patient often heals himself, with the result that he discontinues treatment altogether and in later years discovers he still has syphilis. The use of intramuscular mercurial injections is admitted to be a very potent method of treating syphilis and should not be reserved for desperate or refractory cases. He urges the use of the intramuscular method in all of his cases and reserves the other method for those patients who cannot or will not be injected. In only five cases did he note any disagreeable after-effects. These consisted of a dry cough, malaise, and a feeling of nausea which lasted from fifteen minutes to an hour. He uses the formula introduced by Dr. Keyes and Dr. Chitwood, which consists of one and three-fourths grains suspended in thirty minims of the liquid benzoinal. This is injected with special care into the muscles of the gluteal region or back, once a week for three years.

Typhoid Fever.

A Clinical Observation of One Hundred and Sixteen Cases of Typhoid Fever, with Special Reference to Therapeutic Fasting (*Med. Record.*)—Harbin, of Rome, Ga., writes an interesting article on fasting in typhoid fever. He reaches the following conclusions:

1. The toxin of the bacillus typhosus is probably produced by bacterial disintegration of the intestinal tract, where the pathognomonic lesions of the disease occur.

2. There is a greater danger of toxemia in cases associated with gastro-intestinal disturbances.

3. The toxin of the bacillus typhosus produces the pathognomonic symptoms of typhoid fever.

4. Hyperpyrexia without the pathognomonic symptoms, indicates a probability of mixed infection.

5. Different individuals are affected differently by a specific toxin, robust young adults being more susceptible, while the extreme of ages, the anemic, etc., are less so.

6. The variations in types of the disease are more due to individual conditions, rather than types of epidemics.

7. These statistics indicate that there are as many deaths among the mild (2.5 per cent.) as among the severe (5.4 per cent.) cases.

8. Emaciation occurs independently of the amount of food taken.

9. A great majority of clinicians, of long experience, feed typhoid patients in a very restricted manner..

10. Fasting and a restricted diet are indicated; because of pathologic conditions, and to a great extent eliminate the dangers of sthenic cases.

11. The proper food management of the case will well nigh shield him from every danger incident to the course of the disease.

12. The eliminative treatment, so-called, is irrational, except to mitigate the sins of over-feeding.

13. What the patient loses in food is more than compensated by a lessened degree of toxemia.

14. Peristalsis favors the absorption of toxins, and cathartics should be used only to remove indigested food.

15. Nitrogenized food and water are essential to a normal nitrogen equilibrium, and there is little danger from inanition in sthenic cases.

16. The presence of ulcers in the intestines should be assumed in every case of typhoid fever, and the proper treatment is rest, which is better attained by fasting and restricted diet, thus preventing hemorrhage and perforation.

17. The presence of diarrhœa and vomiting indicates the adoption of fasting.

18. Fasting and restricted diet enhance the effects of hydrotherapy and many cases (28.4 per cent.) run an abortive course.

19. Gelatin is a valuable adjuvant in the dietetics of typhoid fever, and lessens the nitrogenized waste and prevents hemorrhage.

20. Milk as a food is a danger, except in modified form.

21. The modified cold bath is preferable to the Brand system.

22. Recrudescences are usually due to dietetic errors.

23. In this report, 45 consecutive cases occurred without a death. Of 113 whites, 2 or 1.7 per cent. died, and the low mortality of 3.4 per cent. of all cases was ascribed to the above treatment.

Cause of Malaria.

Are there Other Causes of Malaria Than Mosquitos? (*Med Record*).—Major Powell incorporates in that portion of his official report that deals with the question of malaria at Fort Hamilton, from May to September of last year twenty-nine cases of malaria occurred at the post. He made exhaustive experiments to find the *anopheles* variety of mosquito, and although hundreds of mosquitoes were caught and hundreds of larvæ were hatched from samples of water he was able in only one instance to find an *anopheles*. The two varieties found are supposed to have nothing to do with the propagation of malaria.

He quotes from Munson, who says: "It is true that the mosquito is undoubtedly capable of transmitting the malarial plasmodium, but it has not been shown that inoculation by this insect is the only means of producing this affection. Much evidence has been accumulated during the past—to show that drinking water drawn from certain sources is productive of malaria. In this connection a case recorded by Bourdin is instructive. This writer states that 800 French soldiers, in good health, were embarked on three ships bound from Algiers to Marseilles; all arriving at the latter port on the same day. On two vessels there were 680 men, presenting not a single case of sickness among them. On the third vessel there embarked 120 men. Of the latter 13 had died during the short voyage and of the 107 survivors no less than 98 were affected with malarial fever. Among the crew of the ship not a case of malarial fever had occurred. On investigation it was shown that the water on the two first ships was pure and good, while on the unhealthy ship the water had been taken from a marsh and had an unpleasant odor and taste. *This water, however, had not been used by the crew of the ship.*"

In conclusion, he asks if in the face of all that has been said, does it not appear that the etiology of malarial disease is as yet far from being definitely and conclusively settled?

Cold Abscesses.

Treatment of Cold Abscesses and Sinuses in Tuberculous Bone Lesions.—Gibney (*Med. Record*) states that the general surgical dictum that, when pus is found, evacuate at once, has been so vigorously attacked within the past quarter of a century that it is not necessary to state that all surgeons adhere vigorously to this rule. That when a cold abscess develops in a tubercular bone case it seems so singular that the physician cannot resist the temptation

to employ the scapel, and that sooner or later an injected sinus appears and refuses to heal. After thirty-five years experience with many of these cases he comes to the following conclusions:

1. Early recognition of cold abscesses will enable one to dissipate or to nip them in the bud.

2. When they are present at the time the cases come under observation, treat them with indifference so long as they do not interfere with the proper adjustment of good protection apparatus.

3. If they are in the way, or if they show a disposition to burrow and encroach on parts that it is desirable to keep free from such invasion, resort to aspiration and make cultures in order to determine their virulency.

4. If aspiration fails, rely on incisions under rigid asepsis, large enough only to permit evacuation of the contents, and refrain from the introduction of chemicals. Close the wound by suture under the same rigid asepsis.

5. When the abscess lies directly over a bone focus that can be easily reached make the incision large enough to remove the focus, and at the same time permit removal by curette or scissors of the lining of the sac and all necrotic tissue contiguous thereto. Then close aseptically, employing drainage for not over forty-eight hours.

6. If longer drainage is demanded, devise means by which asepsis in dressings may be continued indefinitely, and look on a mixed infection as a calamity.

7. Sinuses should be well drained, the foci on which they depend should be treated if involving joints by perfect and long-continued immobilization, with due regard to fresh air and a high state of nutrition.

Poor Woman.

A Case Illustrative of the Unclassified Troubles of Women.—Savidge reports a case (*Med. Record*) illustrative of the above title. The patient was a young woman of thirty; six years married; no pregnancies; weight, 115 pounds; highly neurotic temperament. Her menstruation occurred twice every seven weeks, was very profuse and called for the strongest anodynes, even chloroform. These spells were always accompanied by diarrhœa. Physical examination showed an infantile uterus in sharp anteflexion with a narrow os, with both appendages large and tender. Seven physicians had concurred in the opinion that an operation was demanded. He dissented from their opinion for the following reasons: These large and tender masses in the parametrium are frequently analogous with an epididymitis or a bee-sting. The patient furnished a striking collection of "unclassified troubles." There were three quarts of urine passed in twenty-four hours, sp. gr. 1007. There were the icy feet and congested pelvis, diarrhœa, rapid heart action, swelling thyroid, all accompanied by great venous relaxation. There was a profound anemia, and she had the usual hemorrhagic tendency to aggravate it. The treatment consisted of rest in bed, massage, resistance movements, feeding, free diuresis, tamponage, iron, and vasometer constrictors. She gained thirty pounds in weight, menstruation painless and regular. Three years later patient was delivered of a healthy child.

Proprietary Remedies.

Dr. Wm. J. Robinson read before the last session of the American Medical Association, Section of Pharmocology, a paper on the Relation of the Physician to Proprietary Remedies (*Journ. Am. Med. Asso.*, Dec. 3rd, 1904), in which he divides the physi-

cians into three classes: (a) those who prescribe any and everything regardless of any knowledge of its composition or mode of manufacture; (b) those on the other extreme who prescribe nothing that is not given in the pharmacopea; and (c) those who are broad-minded enough to preserve an unbiased attitude towards all remedies, and investigate before adopting or condemning them.

The first class is unqualifiedly condemned as not physicians, but laymen having a legal but no moral right to practice. The second is treated as laboring under a misapprehension as to what constitutes an ethical preparation that it is permissible to use. Their attitude is fanatical, unreasoning. A patent medicine is not a secret nostrum, but its composition is given, its mode of manufacture to the minutest details is described and the patent right expires in 17 years. There is always something useful and worthy as well as new in a patent medicine or it could not be patented. Some of our most useful remedies are patented; while the highest standard of morality or ethics would condemn the patenting of any useful product, those investing large sums to perfect these remedies are entitled to protection. The third class are considered progressive physicians who try to ascertain something of the remedy offered, its composition, enough of its mode of manufacture to have an intelligent idea of it, who are its foster parents, etc.—unbiased, yet cautious; unprejudiced, yet skeptical.

To prevent substitution the physician should make frequent investigation of the medicines his patient is using, so as to know the odor, appearance, consistency and taste of the remedies, and thus recognize when substitution is practiced. The substitutor should be boycotted. The doctor has a moral right to select the druggist to whom his prescriptions are sent and should exercise it when needed. Original package prescriptions ought not to be written unless absolutely necessary to prevent substitution.

If substitution continues physicians will be compelled to dispense their own prescriptions or form drugstores for their own protection.

The following is the author's

SUMMARY.

I would summarize my paper as follows:

1. The prescribing and using of preparations, the composition of which is unknown, is to be condemned unequivocally. It is unscientific, unethical, and is bound to react injuriously on the physician and the public alike.

2. The physician who refuses to use a thoroughly established remedy, of known composition, merely because it is proprietary, is guilty of narrow-minded fanaticism, and he is not doing the best by his patients.

3. Substitution does exist, and is a serious evil, in some localities especially.

4. The abolition of substitution lies to a great extent in the physician's own hands, and he can accomplish it by making himself familiar with the physical characteristics of the remedies that he prescribes; by patronizing pharmacists in whom he has perfect confidence, and by exposing those who, he is certain, are incorrigible substitutors.

5. The physician is guilty of encouraging substitution by ordering every new mixture that is brought to his attention by circulars, drummers and venal journals; but while this is an explanation of the prevalence of substi-

tution, it is no justification for it.

6. Prescribing in original packages is an evil, but being a lesser evil than substitution, it is often justifiable.

Blue Heron Tendons.

A New Suture and Ligature.—Major Surgeon CHARLES F. KIEFFER of the U. S. Army (*Journ. A. M. A.,* Nov. 19, 1904,) has made some exhaustive studies of the tendons of the blue heron and allied species of bird as material for sutures and ligatures. Tendons of 12 to 14 inches in length, 12 to 16 from each bird, can be obtained. The tested strength under various conditions—wet, dry and sterilized—proved to be from 25 to 35 pounds, one specimen breaking at 50 pounds. They are as easily rendered aseptic as catgut and by the same means, and are very slow of absorption. One experiment showed a breaking strain of 5 pounds after having been buried in the muscles of a dog for a period of six weeks. They are more even and smoother than kangaroo tendons. Their use in several operations under trying conditions proved satisfactory. The author arrives at the following conclusions:

"The following conclusions seem warranted: The leg tendons of the large grallatorial birds make an excellent suture material; strong enough for all practical purposes, readily made aseptic, slowly absorbable and easily prepared. The source of supply is practically world wide. I believe this new material warrants further investigation. Think of the comfort to the civil or military surgeon in isolated places of knowing that he can have a reliable suture material at the end of his shotgun."

Switzerland has always been a favorite resort for women ambitious, in the words of Moliere's graduation ceremony, "*entrare in nostro docto corpore.*" They appear indeed to be thrusting aside the oppressor man, who so long excluded them from what he fondly believed to be his heritage. According to recently published statistics, in the winter semester 1903-04, of a total number of 1,654 medical students in the Swiss universities, 871 were women and 763 men. There are a large number of foreigners, mostly Russians, among the female students.

Aspiration and Injection of Morphine-Eucain in Tetanus.

By Prof. John B. Murphy, Chicago. Abstracted from *Journal of the American Medical Asso.,* Aug. 13, 1904.

A patient treated eight days after infection was given three full doses of anti-tetanic serum, but without effect; the convulsions increased and were almost continuous. Thereupon a lumbar puncture was made and 16 cc. of cerebrospinal fluid withdrawn. At the same time 3 cc. of the following was injected:

Beta-Eucain	1½ grs.
Morphin sulphate	1-3 gr.
Sodium chloride	3 grs.
Dist. water	3½ ozs.

This had been sterilized by boiling. The patient slept 4 hours immediately and through the night 1½ hours at a time. There were only 8 spasms in the succeeding 24 hours. A more severe spasm recurring the next morning, another puncture was made, 15 cc. of fluid withdrawn, and 4 cc. of the above injected. This was repeated on the two following days and then, with intervals of two days, two more aspirations and injections were made. He was discharged as cured 10 days later.

The quantities of morphin and eucain used were exceedingly small, as this was the writer's first case. There was no sweating, headache nor collapse, symptoms frequently noticed after lumbar injections of cocain. He believes the eucain should be increased to 1-6 to 1-3 grain at each injection, and this treatment might be made more frequent. Eucain is much safer than cocain, as it admits of boiling and there is less idiosyncrasy to intoxication. Reduction of the spasms prevents death from exhaustion or interference with respiration. The diminution of pus in the aspired fluid would lead one to believe that lessening of pressure aided the fluid in overcoming infection. There is no reason why the cerebrospinal cavities cannot be washed out by salt or other neutralizing solutions.

Treatment Without Drugs.

Dr. J. W. Grayson recently read a paper before the Pennsylvania Medical Society on Drugs versus Other Methods of Treatment (*Pa. Med. Journal,* Nov., 1904) in which he takes the ground that diet, electricity, hygiene, with some other minor methods do not have as prominent a position in the treatment of disease as they deserve. The knowledge of drugs accumulated through the centuries should not be cast aside in toto, but there is often a more rational method of treatment. We are learning what drugs *can* do and what they *cannot* do. Recent books on Practice are not giving a long list of drugs to be used in a given case as formerly, but hygiene and dietetics are given more prominence. Sanatoria for consumptives now use very few drugs, but fresh air and good hygienic measures are essentials. Pneumonia has no specific medication, but cleanliness, ventilation and free airing are depended on. Indigestion can best be treated by an intelligent management of the food and drink. Laxatives, hypnotics, sedatives and stimulants are abused, while there are other means of treatment at our disposal. Quinine has cured malaria for years, but ridding infected regions of the mosquito is more effective. Rheumatism has a long list of remedies to its credit, but the cases that do best are those that have proper baths, a course of electricity, good air and good food. In typhoid fever antipyretics have had their day and we are searching for an intestinal antiseptic. In the meantime we are learning the value of water internally and externally, and of sterile water in disinfecting the discharges.

The subject of prophylaxis is too broad for this paper, but we are learning to prevent contagious disease, and while we use disinfectants and antiseptics it is a hygienic procedure, and is superceded by asepsis wherever possible.

"In conclusion, let me say that I do not wish you to infer that I am a therapeutic nihilist. The lessened use of drugs is but a small part of what I believe is the policy of the progressive physician. Often a certain drug may suit the case quite well, but a *better* remedy is found in correction of faulty habit or in the use of hygienic measures much harder for the physician to find and prescribe, and more troublesome to the patient to use, than a bottle of medicine or a few tablets."

Hot Air Treatment.

Infected Wounds of the Extremities.—Marshal Clinton says that experimentation with the pyogenic organisms has shown that a slight increase in the temperature above the optineum is sufficient to materially modify their

growth, in many cases to stop the growth, and in others actually destroy them. To determine how high a temperature the tissue could bear without harm a series of experiments was conducted with an ingenious instrument, described in December issue of *Buffalo Med. Journal.* The bare skin tolerates a temperature of 235° F. before there is much discomfort. Infected wounds of the extremities are treated in a hot air apparatus without antiseptics, with better results than hot water macerating method gives, especially in the sloughing of tissue cases. It should be used in 12 to 20 hours out of the 24. Attention must be given to drainage, removal of dirt and relief of undue tension.

Cold Air for Tetanus.

McGrann gives details of a case of tetanus (*Journ. Med. and Science,* Nov., 1904,) treated successfully after failure to relieve by the most approved methods known (other than the use of serum) by a continued stay for several days in a refrigerator or vault connected with a brewery. The theory for the treatment is thus given:

"I then recommended the cold air treatment in preference to the application of ice. My reason for this was that the ice treatment would only occupy from fifteen to eighteen inches of the skin, which soon produces a damp, flabby mass, chilling the oil cups and blocking the pores, and eventually acting as a non-conductor and resistant, while I contended that the cold air introduced into the lungs through the air passages covers an area of almost 1400 inches of mucous membrane lining the air channels, and therefore the cold air being the heavier, takes immediate possession of the air cells and distributes the cold directly into the circulation, which at once acts as a sedative upon the arachnoid membrance of the brain and spine, relaxing the tension produced by the ptomain. Dr. Allison agreed, and with the consent of Mr. B. Jetter, the South Omaha brewer, I removed the patient from his home at 8 p. m., September the 5th, while still in a convulsive spasm. He was not in the vault an hour before a marked improvement in his condition became manifest."

Segmented Ring.

The Use of the Segmented Ring in Gastric and Intestinal Anastomoses. (Annals of Surgery).—In 1902 a segmented ring was described by Harrington, the objects of which were two: (1) To furnish a mechanical aid to assist in the rapid and safe anastomosis of the intestines; (2) to make the contrivance collapsible into such small segments that their subsequent passage through the intestines would be devoid of danger or pain. In the present article, Harrington and Gould report nine clinical cases and the results of two years experimentation with animals. They reach the following conclusions:

1. The process of repair is as rapid after use of the segmented ring as after a plain suture.

2. The time required for the operation is, on the whole, less than that required for a straight intestinal suture.

3. Certain objections, such as weight, ulcer, difficulty of passage, etc., inherent in other mechanical contrivances, are minimized by the ring.

4. The analogy between the experimental and the human observations is so close as to show the propriety of the deductions made from the animal experiments.

5. The employment of the ring in human beings is safe and satisfactory for all sutures.

New Use of Antitoxin.

Diphtheria Antitoxin in Scarlet Fever—Dr. C. D. Miller reports (*Pa. Med. Journ.* Aug. 1904,) several cases of scarlet fever treated with diphtheria antitoxin, with very gratifying results. In nearly every instance the fever was promptly reduced and all the other symptoms modified. In two instances, with two members of the family sick with scarlitina, the antitoxin was given the more virulent case, and withheld from the milder one, with the result in each case of the more rapid recovery and absence of sequalæ in the one to whom the antitoxin was administered.

Epilepsy.

Cases of Epilepsy Cured Without Drugs, with Explanatory Remarks Concerning the Modern Treatment of this Disease.

Ramsey (*N. Y. and Phila. Med. Journ.*) gives the following summary and conclusions:

1. Epilepsy is not necessarily an organic disease; hence there is always hope of a radical cure.

2. A very large proportion of epileptics suffer from some type of reflex, viz., ocular, abdominal, genital, or other local sources of nervous irritation.

Of these reflexes the eyes are unquestionably the most frequent seat of trouble.

3. No medication should ever be employed to control epileptic convulsions until every possible exciting cause has been intelligently sought for and scientifically combated.

4. The refraction of all epileptic patients should be first carefully determined under the influence of a mydriatic.

I usually employ homatropine to dilate the pupils and to relax the accommodation. If in doubt after this step, I invariably use atropine. Such tests are positive.

I have seen many instances where a total cessation of fits for weeks has been caused by the use of atropine in the eyes. Furthermore, the effect of paralyzing the accommodation is often of great aid in getting a patient to accept a strong hypermetropic glass for constant use.

5. It is usually advisable to first correct fully the refraction of epileptic patients by properly prescribed glasses; and to have the patient wear them for a time, before positive conclusions are arrived at regarding any maladjustments of the eye muscles (heterophoria).

6. A large proportion of epiliptics undoubtedly suffer from heterophoria. After the correction of errors of refraction by glasses for a time, the tests for maladjustments of the eye muscles should again be made.

Such tests will then be far more reliable and trustworthy than if made before the refractive errors have been intelligently corrected.

7. I think I have proved by the cases adduced here that the prescribing of glasses to correct errors of refraction has always been considered by me as vitally important in the treatment of eye strain. It should always be done most accurately and scientifically.

The most serious refractive errors and muscular defects in the orbits do not necessarily create eye symptoms; even when reflex symptoms produced by existing eye defects are extremely severe.

9. The percentage of cure of chronic

epilepsy under skillful eye treatment will naturally be modified greatly by the abnormal conditions found, the physical condition of the patient, the amount of drugs that have been given to the patient, and the complications that may coexist with eye strain.

10. The duration of eye treatment in epilepsy varies from three months to three years. Most of the work is done during the first six weks; but long intervals of rest, between the successive operative steps that are commonly demanded, often extend the period of treatment over quite a long period whenever the convulsive seizures are not totally arrested.

New Use of Chlorotone.

Vomiting in Pregnancy.—Bowcock, on account of the excellent results obtained from the use of chloretone for nausea and vomiting from an anesthetic, concluded to use it in the vomiting of pregnancy. Two cases are reported (*Medicine*, October, 1904) in which it was used with good results. Chlorotone is a derivative of chloroform and acetone, with a camphorous odor and taste, very sparingly soluble in warm water. Soluble in oils, glycerine, alcohol, ether, benzine, acetic acid, chloroform, etc.

It is claimed that the vomiting of pregnancy is due to increased irritability of the gastric sensory nerves with coincident overstimulation of the nerve filaments in the gastric center.. If this is true then chloretone meets the conditions admirably, since the main ac- from the cow and regulates the amount central nervous system, it being essentially the same as that of the other anesthetics and hypnotics of the fatty acid series, differing from most of the members of this group in not depressing the circulatory system.

Internally administered it passes unchanged into the circulation; but that "it is decomposed within the body appears from the fact that, volatile as it is, we do not find it in the expired air, nor has it been positively recognized in the urine." If the "burning down" of the chloretone takes place in the central nervous system, as believed by Wilcox, the methyl radicle (CH_3) and the chlorine (Cl) liberated have a chance to act directly on the nerve filaments and protoplasmic processes, inducing sleep. The action is the same as that of fatigue. Neither the heart nor the respiratory centers are depressed. The hypnotic effect passes off gradually, and no "habit" is formed.

Chloretone is more nearly than any other known compound an ideal hypnotic, and it is not less efficient in other capacities—notably as a sedative to the excited "vomiting center" and neighboring regions concerned in originating asthmatic or epileptic impulses, and as a local anesthetic in the stomach. Its action is not wholly central; it acts upon the brain unquestionably, but it has a local effect also, as my experience demonstrates.

Infant Feeding.

Natural vs. Scientific Feeding of Infants.—English (*Medical Record*) states that the prevention of sickness being more important than its cure, the important question is how shall we feed a baby in order to keep it well? He protests against the scientifically fed baby of to-day, who gets a definite quantity of a certain percentage of pasteurized milk at definite intervals irrespective of the conditions of the child. He feeds babies on the same principle on which puppies or kittens are fed. For the first three days he gives them nothing but water, on the fourth day he

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begins with suitable food. At each feeding he gives all the baby will take—until it "runs over." After that the baby is not fed until absolutely necessary, the interval may vary from two hours until eight hours. He uses milk fresh fro mthe cow and regulates the amount of fat, sugar; salt and water for each individual case. If the baby is constipated he adds sodium bicarbonate; if still constipated he gives cod liver oil. For loose bowels without marked signs of indigestion leave out the salt and add lime water.

Acne Vulgaris.

Hunt advises a simple treatment for this trouble (*Journal Med. and Sci.*) which is the application of water as hot as can be borne by means of a sponge every twelve hours. This reduces the inflammation and washes out the fatty matter of the follicles. A mild soap may be used with first application. Dry with a soft towel and keep hands off of face until next treatment. Soft water should be used. If this does not cure use following: Green soap,dr.jii ;alcohol, dr.j ; cologne water, dr. ij ; water, q. s. ad. oz. vi. Mix. Apply by rubbing on face with flannel at bed time, washing off in the morning. At night, before a good mirror, patient should take a clean pin and gently, without pain or bloodshed, enlarge the openings of the most inflamed follicles and express the contents. Bathe with spirits camphor, and by morning swelling will be removed. If the face flushes after meals give nux vomica. Diet is of little importance, if it is eaten slowly and well chewed.

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HAPPY NEW YEAR!

WE extend to our Doctor friends a NEW YEAR'S GREETING, and hope that for you and yours it may prove a happy one, and that when 1905 is numbered with the ages, you may have the satisfaction that comes from duty well performed, and the exhileration that accompanies the achievement of brilliant diagnoses in obscure cases and successful treatment in the difficult. We trust that through systematic and untiring study, coupled with close observation, you may so increase your knowledge and skill that your future prospects of usefulness will continue to brighten, and that as the years go by you may achieve the highest success.

EDITORIAL.

Osteopathic Legislation.

The *News and Observer* of December 13th contained the following advertisement:

"NOTICE.

"Notice is hereby given that application will be made to the General Assembly of 1905 for the passage of an act granting a charter to and incorporating the North Carolina Osteopathic Society, and to provide for the regulation of the practice of Osteopathy and for the examination of applicants for license to practice the same.

"This December 13th, 1904."

Stop a moment, doctor, and consider the meaning of this—its true inwardness. Establish an examination board of osteopathy in North Carolina and the State will be made the dumping ground of incompetents and quacks from all over the union, under the guise of osteopathic practitioners. The schools of osteopathy are at the back of this movement. They must find fields in which their graduates (?) can practice or soon their students fall off in numbers. Under the present law any intelligent doctor who is regularly graduated in medicine can secure license to practice without regard to

whether he chooses to call himself an Eclectic, Homeopath or Osteopath. All receive the same examination in the fundamentals of medical science. Once throw down the bars, by establishing this proposed examination board and incompetents everywhere, graduates in medicine who, by lack of knowledge, skill or character, and illiterate and ignorant enthusiasts will embrace osteopathy and obtain license to practice.

Once establish this board and the work of a half century will be undone. In order to protect the public of our State from such incompetents it will be necessary for the profession to act at once. Write to each member of the House and Senate in regard to this matter at once and keep after him. Get your friends, intelligent laymen, to do likewise. You can rest assured that each member of the present Legislature has been receiving letters and printed matter since the date of his election, setting forth the great benefits of osteopathy to suffering humanity. An effort was made in New York last winter to secure exactly what is now proposed to secure in North Carolina, but the effort signally failed, as it must fail in this State if the physicians arise to a proper conception of the situation and *go to work to defeat the bill.*

Write your members at once, and often.

Some Needed Medical Legislation.

The medical profession is the conservator of the public health. All medical and sanitary matters pertaining to the welfare of the State should be (and generally are) endorsed by the profession before being enacted into statutes.

The medical profession is not responsible for any law upon the statute books of North Carolina that does not benefit the public more than it does the profession at large.

The State should protect its citizens against wrong. The weak and the ignorant have a special claim upon the strong arm of the State that cannot be disregarded.

These three propositions are so patent that argument to sustain them seems almost superfluous; yet some facts that are known and have been written of time and again it appears necessary to repeat.

We are of the impression that a committee was appointed by the last session of the State Medical Association (House of Delegates) to memoralize the coming Legislature in regard to some changes in the laws relative to the practice of medicine. We have not received a copy of the proceedings and are not positive as to the appointment of the committee or the duties required of it. But whatever the duties of the committee, there can be no question as to the duty of the profession in advocating laws for the protection of the State's health. Not only in sanitary matters are we, as a profession, concerned, but also in all matters pertaining to the practice of medicine. The responsibility is upon each individual member of the profession to give his aid and exert whatever influence he can in securing adequate medical laws for the protection of the State and its citizens.

The most crying need of the present time in medical legislation is that of a law defining the practice of medicine. The medical profession has ever been advancing in securing better protection against disease for the public, and today more rapid strides than ever are being made. High educational qualifications and better preparations for the study of medicine are required, longer terms are necessary to complete the course, the field of medicine is broader,

and there are advances everywhere for giving the best service possible. The qualifications necessary to the practice of medicine today are of a very high order, as they should be, and no one should be allowed to practice as a physician who does not show that he is qualified.

Public interests demand and public opinion sanctions the demand, that any one having the lives of the public or the property of its citizens in keeping shall show his ability to sustain the trust.

The lawyer is not allowed to plead before the courts until he has proven his knolwedge of the law; the dentist must show his proficiency in his art before he can practice; the teacher of our public schools is required to show his attainments before he can take charge of a school; the master of a vessel must demonstrate his knowledge of navigation and skill in handling a vessel before he will be allowed to leave a port; even a pilot in one of our ports must show his competency to follow his calling. It is not asking too much, then, that the doctor shall be well qualified in his profession before being intrusted with the lives of the public. This is generally conceded. The injustice is in the State's sanction of unqualified pretenders posing as doctors. Under the Supreme Court decision of a year ago any illiterate "natural-born-bone-setter" or utterly ignorant and superstitious "hoodoo-doctor", if he will pay to the State the sum of two dollars and a half yearly and promise not to use drugs or a knife, can treat any infirmity known, infectious, contagious, septic, zymotic—just so he is called a doctor. The injustice is more to the public than to the medical profession. The public believes, and it has a right to believe, that any one licensed by the authority of the laws of the State to practice medicine is qualified for the work. Unfortunately, a large percentage of the people do not realize the dangers of consulting an unprepared medical attendant. This is partly through ignorance and inattention to the question, but the principal reason with them is that the term doctor carries with it the idea of full preparation for treating all classes of disease. Granted, that many intelligent people employ irregular practitioners wedded to a dogma, under the mistaken idea that such systems offer something more than regular medicine, yet it is no reason why these practitioners should not be versed in the science of medicine in all its branches. There is no objection to any physician pursuing the specialty of rubbing and kneading his patients, provided his medical education is such as to enable him to recognize forms of disease other than those to which his massage is applicable. Massage is no new procedure to the medical profession, and most nurses are trained in its application; yet we do not grant them diplomas as physicians.

The profession can stand this condition of affairs if the public can. It is the public that suffers from incompetent practitioners. The need is for a law that will stand the test of a Supreme Court decision, and protect the public against charlantism and quackery in every form. We, as a profession, can not shirk the responsibility of advocating such a law and as individual members of the profession it is a duty incumbent upon us to press the matter with the members of the present Legislature.

While this is the most important object of the profession before the Legislature, there are other quasi-medical questions in which we are interested. We have treated the subject of addi-

tional care for the insane under another head, but we would urge upon our legislators the importance of separate provision for the tuberculous patients. Not only in the hospitals should this be done, but in the jails and county homes also. Tuberculosis is recognized as an infectious and contagious disease, and while there are many points yet *sub judice*, and no radical measures as to the isolation of all cases can be attempted, it is neither just nor right that those free from the disease should be compelled to associate in close contact with or even in rooms previously used by, infected persons.

The State care and control of dipsomaniacs and drunkards in an institution combining the features of an asylum and hospital is essential. This class is a troublesome one in many respects and our hospitals for the insane is no place for them.

We most heartily commend the exertions made before the last session of the Legislature in the efforts to secure a reformatory for juvenile criminals. Criminals may not all be degenerates, but the science of criminology is near enough to medicine to make it worth our while to give it some attention, and doctors know as well if not better than others the deleterious influence of depraved associations upon the young.

Advice to Young Doctors.—Should the Young Doctor Marry?

When the young doctor is settled in practice—perhaps before—the question of marriage will in all probability arise, and in settling it some matters should be considered.

Science is a jealous mistress and demands of its votaries unremitting attention, and no department of scientific work is more exacting or gives larger rewards for labor than medicine. The demands for time and study are great, and no young man can afford to neglect these obligations, if he wishes to attain success in his chosen profession. Nothing must be allowed to come between him and the goal for which he strives. All the powers of his intellect are needed, and this is more especially so in the early days of his career. It is at this time that the foundations for all future work and usefulness are laid. If a wife is to come between the young doctor and his work it were better that he should defer marriage until he is well established at least.

Firmly believing the expressions of the preceding paragraph, we unhesitatingly express the opinion that the young doctor should marry. Man is a social being; he demands, yea needs, the ties of social life; he craves sympathy in his labors, or rather a consciousness of a sympathetic feeling on the part of some one for his work; there is encouragement in the chance to discuss the matters that burden his mind and soul with a kindred being; there must be some one to whom he feels free to unburden himself; a confidant in whom he can place the most implicit trust; a companion of whom he does not tire; these should all be found in a wife; and no one needs them more than the doctor.

To advise one in the kind of a woman to select for a wife would be presumptuous. Love should be the ruling element in marriage, and Cupid has a habit of diregarding all considerations when he draws his bow. A homily on love and marriage is hardly a suitable theme for a medical journal; still it may not be amiss to say that there is no subject more important than the preservation of the purity of our homes, the foundation of all civil and religious lib-

erty, and happy homes are founded only upon love. The doctor, as the State's best citizen, as a law-abiding man, as a leader in social life and advanced thinking, should give his example and influence to the preservation of the home.

The doctor's wife may be a hindrance to him in his efforts to build or hold a practice, a veritable millstone about his neck, or she may be a helpmeet to him worthy to share the emoluments of his labors or the honors of his fame. To describe the ideal doctor's wife would be as hard a task as to describe the ideal doctor, and only some of the ways in which she can aid her husband in his studies and pratice will be indicated.

The first consideration is that she shall have a sympathetic interest in his work, in his studies, in his patients, in his success and in his failures. This is a prerequisite. Without it, it were better that she should know as little as possible of his work. With it, the doctor can confidently confer with her, tell her of his trials, share with her the pleasures of his success, and be sure of a faithful coadjutator in his plans.

There are many skeletons in the closet that will come to the doctor's knowledge. Some he will realize that he cannot in justice to himself, his patient and his profession divulge even to his wife. If she is discreet and can be trusted with a secret (and women *can* be trusted with a secret) there are others he may discuss with advantage with her. Rest assured, though, that the doctor with a tattling wife will lose many calls he would otherwise receive. This is more pronounced in obstetrical and gynecological work, perhaps, than in any other. The doctor is called and ascertains that Mrs. So and So is in the first months of pregnancy. He tells his wife; she tells her sister or mother or best friend, or perhaps all of them, and in a few days it is generally known, to the chagrin and perhaps anger of the patient. The wife must be as discreet in speaking of her husband's patients as he is himself. If she cannot be the doctor must *not* confide in her.

The doctor's social circle or the social sphere in which the wife moves may be entirely separate and distinct from that of his practice. There will always be part of his clientele of a lower order of social life than hers, and if she is to be a helpmeet to him she will often be thrown in contact with members of this class. Much tact may be, and very often is, required to prevent a false impression on the minds of the visitors. Practically, they are looking for some slight, or something to criticize, and to put them at ease and create a good impression without overdoing the matter is no easy task. Much of the young doctor's work and a good percentage of his income are derived from this class, and it is well to conciliate it. A repellant manner or haughty demeanor on the part of the wife may drive a prospective patient and those of his friends whom he can influence to another physician.

Visits to his patients when sick are to be made with the greatest circumspection. Too much visiting to the sick is tolerated under the best circumstances, and a doctor's wife visiting the sick, even though her husband's patients, smacks very much of an appearance to curry favor, to seek patronage. The wife must be as ethical as her husband. A visit with the husband, or to a close friend, or to aid in the nursing may be permitted, but with the qualification that she goes as a neighbor or friend and not as the doctor's wife. For a doctor's wife to visit the patient of

another physician is very questionable, and should be done only under exceptionable circumstances. If done at all no effort should be made to ascertain the line of treatment pursued, and suggestions, remarks or criticisms in regard to the case must be scrupulously avoided.

The everyday life of the doctor in commonplace material things can be much benefited by a wife's aid. In our observations the doctor's office is none too well kept and a woman's touch here and there daily will not come amiss With little instruction the care of the instruments may be intrusted to the wife. The poor bookkeeping and collecting of the doctor is proverbial, and if this is turned over to the wife with full powers given to send out bills monthly and write urgent letters to delinquents the exchequer would not suffer. Women make excellent microscopists, and can easily learn to make the more simple urinary and blood anaylses. The keeping and filing of papers and journals, the writing up of histories in the case book, attending to the correspondence, are some of the ways a wife may render material aid to the young doctor until his practice attains such proportions as to justify a trained nurse or office assistant.

But it is in the home life of the doctor the wife's influence is most essential and it is here that it is either a blessing or a curse. When the day's work is done and the nervous tension is relaxed, the tired brain and exhausted body seek rest, and the perplexities of life are cast aside, the office of the wife is to minister not only to the bodily necessities but to the mental state as well. It is hers to cheer the drooping spirits, to encourage, to soothe—sympathize if need be, to rejoice if possible. This, it may be claimed, is but the office and duty of the wife of any man, whatever his calling. If so, no one needs it, or will appreciate it more, than the doctor.

And if she gives this aid and comfort, and in later years becomes interested in aid societies, goes out among highways and hedges, or back street and dirty alleys, to seek the maimed and halt and blind, and having found them, sends forthwith for you to minister to their needs, it will add to your peace of mind and material welfare to obey her behests with alacrity and give them your best efforts. This last advice is from personal experience.

The Care of the Insane.

The Boards of Directors of the two Hospitals for the white insane of the State, the one at Raleigh, the other at Morganton, appointed some time since special committees to act jointly in considering the question of additional room for the care of the insane of the State. The joint committee, Supts. McKee and Murphy being present, met and after thoroughly considering the situation, made a report that should have close attention. The medical profession ought to be especially concerned with the state of affairs portrayed, and lend its influence to its correction.

The special points made are (a) the need of a well-defined policy in regard to the care of the insane; (b) the proportion of the insane to population, and the inadequate accommodations provided; (c) in order to make room, the exclusion of dotards, paralytics, epileptics etc., is advised; (d) the extension of the colonization system recommended; (e) the segregation of tuberculous patients urged; (f) the plan of using the penitentiary as a hospital condemned; (g) and the raising of a commission by the Legislature to consider the ques-

tion in all its details, studying and examining plans and opinions of this and other countries for the best ideas.

While all of these points are of importance, some of them are paramount. There is no question that the State's policy should be to care for its insane. Our position among the civilized countries of the world demands that North Carolina should provide sufficient accommodation for housing and treating this class, and she is derelict in a duty so long as she fails to do so.

The joint committee had no reliable statistics as to the number of insane outside the different institutions, but estimated from general statistics that we have in the state a total of 2284 white insane and accommodation, in round numbers for only 1400. This calculation is on a basis of one insane to every 600 inhabitants, a very conservative estimate, and one below the actual number, though North Carolina's ratio of insane to population is far below the general average, the reasons for which we will not stop to discuss. The estimated annual increase of the insane is 36. This necessitates additional accommodation in the two institutions for nearly 1000 patients, with no provision for the annual increase. Measures for the relief of this condition ought to be instituted by the coming Legislature.

We do not believe any half measures should be tolerated. It may be cheaper to add to the present plants to meet present emergencies, but this will only be a temporary makeshift, and we will have the same troubles to encounter in a short while. For this reason we most heartily endorse the suggestion made by the joint committee of the two boards that a Hospital Commission be raised by the coming Legislature. If such a course is pursued it should be composed of the best men of the State —broad-minded, level-headed men, men of a large scope of information and who have the full confidence of the people. This commission should be given the means to make a thorough investigation of the care and treatment of the insane, as conducted in this and in foreign countries, and report thereon, with recommendations as to the ideas or plans most suitable for our needs. We see no objection to the commission being clothed with the power and authority to execute its plans, without awaiting another session of the Legislature, two years hence. The details of the scheme are of minor importance. The question is to secure something definite —to have an idea or a goal to which efforts may be directed. As long as we haggle over what to do, nothing will be accomplished. The converting of the penitentiary into a hospital has its advocates, and is bitterly opposed by others. Additions to the present plants is believed by many to be the most feasible solution of the difficulty, while others think that large numbers of the insane cannot be so well cared for under one administration as smaller numbers. The extension of the colony system contiguous to the present institutions advocated by the joint committee in their report has many advantages, both in economical considerations and general utility in the opinion of the close observers. The building of one or more additional institutions is acknowledged as desirable, but the expense of the undertaking must be considered. A separate institution of lower and cheaper grade, to be conducted at a less expense than our present institutions, has even been suggested.

All these ideas and plans, and per-

haps more not now recalled, have been argued and re-argued by the officers and directors of the different hospitals, by State officers, by members of the Legislature, and by public-spirited citizens, during the last few years. So far as we are able to see, the solution of the difficulty is still in the dim future. The overcrowded condition of the hospitals is still with us, and many of our best citizens—how many we have no statistics by which to judge—are languishing in jails and county homes, rapidly going to death or chronicity for want of proper care and treatment. Something definite should be decided upon. A plan of action should be formed and once made there should be no deviation from its fundamental principles.

We believe that a commission composed of representative men from the ranks of the medical and legal professions and business circles, authorized by the Legislature and appointed and commissioned by the Governor to take this whole matter under consideration could and would investigate the situation, and make a report that would command the respect of all concerned, and silence carping criticism. If such a course should give us accommodations sufficient to meet the demands for the care of the insane we would be satisfied.

In advocating such a commission we do not wish to reflect in any way upon the directors and officers of our hospitals for the insane. That they have the interests of this unfortunate class at heart we feel assured, and that they know the needs of the situation better than any one else is certain. The directors receive no pay for their services and the officers have not the time to devote to work of this character. A paid commission to investigate it is, in our opinion, the best course to pursue.

Illegal Practitioners and the Supreme Court Decision.

It seems that some other States are experiencing some troubles of a character similar to ours in defining the practice of medicine before the courts. It is gratifying to note that the Supreme Court of the United States holds views different from the decisions of the New York court of a few years ago and of the North Carolina Supreme Court of a year ago on this question.

The following clipping is taken from the *Journal of the American Medical Association* and is a statement of the legal aspects of the prosecution of illegal practitioners of Pennsylvania:

"The State of Pennsylvania is infested with charlatans and quacks, and in this respect is no exception to other states, who attempt to avoid the law which governs the practice of medicine, and have successfully thus far done, taking advantage of a technical interpretation of what constitutes the practice of medicine, which a judge, some years ago on the Supreme bench of the State of New York gave. The decision was that the practice of medicine consists in the treatment of disease by the use of medicine.

"The inference drawn from this definition is that anybody who proclaims and professes to be able to treat disease, without the use of drugs, is not amenable to the law. The United States report for 1888 contains the decision of Chief Justice Field, who spoke for the unanimous opinion of the U. S. Supreme Court. In that opinion the common practice of law is enunciated, which demonstrates and clearly proves the constitutionality of all statutes

which require proof of the possession of qualification on the part of everybody who offers his services and assumes the responsibilities for the treatment of disease, deformity and injury.

"Any one, therefore, who so poses before the public, by any means whatsoever, who is not a licentiate of any commonwealth, is an illegal practitioner. Pennsylvania, acting on the principle of the law involved, has proceeded to prosecute all individuals concerning whom there is unmistakable proof of their posing as physicians who do not possess the license issued by the State.

"In the preliminary hearings before the magistrate the presentation of these facts has resulted in every case thus far apprehended, in being held in bail for trial in court. It would be well for every State recognizing the facts and the involved principles to know that anybody following a vocation for a livelihood which involves the interests of his fellowman, must possess a license from the State, which license is the State's guarantee of qualification.

"As soon as this principle becomes generally recognized both by the laity and by the profession, the end of the fake physician, quack or charlatan is determined.

"The question could well be raised, whether or not persons patronizing those not possessing a license are thus not guilty of misdemeanor against the laws of the commonwealth. Nothing in this restriction can be regarded as class legislation. The conditions are alike for all and consequently will happen to all who may desire to enter the profession of medicine. The law is just in requiring compliance with these conditions, which the State by common consent and the enactment of statutory laws, established as a standard requirement of qualification."

Hospital Laws.

Several States of the union have what is termed Hospital Observation laws, that strike us as being an advance in the direction of successfully meeting that class of criminals that plead the "insanity" dodge when brought to trial. The object of the law is to place such criminals under detention and skilled observation for the purpose of determining the insanity or detecting malingering.

The dangers of methyl or wood alcohol is well known and several deaths in New York city in one day a few months ago from drinking whiskey adulterated with methyl spirits but accentuates the necessity for stringent restrictions upon its use. Dr. Wiley of the Government Bureau of Chemistry in a recent report says only 85 per cent. of the whiskey we drink is pure. If whiskey were the only beverage or food in which the spirits were used it would not be quite so bad. Owing to the fact that it does not pay a revenue tax it is largely used in the manufacture of flavoring extracts and essences, much of the essence of Jamaica ginger we buy being adulterated with wood alcohol. Maryland has recently passed a law against its use.

In this connection it is well to note that recent investigations have shown that drugs used as preservatives of meats are injurious and such use should be condemned.

In closing this article we would urge upon the profession the importance of supporting by every means possible the Hyburn Pure Food Bill that was before Congress last winter and will be brought up again during this session. Let each doctor write his Senator and Representative in regard to it.

A Correction.

To the Editor of the Carolina Medi-..cal Journal:

My attention has been called to an error in my article ("Surgery and Gynecology in Chicago"), published in your issue of November. In referring to a method used for tetanus by Dr. J. B. Murphy, I used these words: "Lumbar puncture of the cord and the introduction of *cocaine solution* * * *." Instead of *cocaine* I should have said *Beta eucain.* The formula first used by Dr. Murphy was: Beta-eucain, 1½ gr.; morphine sulphate, 1 2-3 gr.; sodium chloride, 3 grs.; distilled water, 3½ ozs.

Yours truly,

H. A. Royster.

Editorial Notes and Comments.

The Supreme Court recently rendered a decision sustaining the school board of Durham in requiring all children attending the Durham graded schools to be vaccinated. J. W. Hutchins secured a mandamus to the school committee to compel them to admit his daughter to the school, claiming that her physical condition was such that vaccination was dangerous to her, and that without legislative authority this requirement of the board was unreasonable. The opinion was written by Chief Justice Clark, and from it we make the following extract:

"With the present rapid inter-communication, smallpox may make its appearance in any community at any moment without any notice given beforehand, and incalculable havoc be made, especially among the school children, which can not be remedied by a subsequent order excluding the non-vaccinated. 'An ounce of preventative is worth a pound of cure;' besides that case is not in point here, where smallpox had been epidemic and was still threatening. The language of the resolution making it 'permanent' will not prevent its repeal, if upon the subsidance of the dangers the school board at that day shall deem it proper to repeal.

"The fact that it would be dangerous to vaccinate the plaintiff's daughter, owing to her physical condition, would be a defense for him to an order for general compulsory vaccination, but is no reason why she should be excepted from a resolution excluding from the school all children who have not been vaccinated. That she can not be safely vaccinated may make it preferable that she herself should run the risk of taking smallpox, but it is no reason that the children of the public school should be exposed to the risk of infection, through her or others in like case. Though the school children are vaccinated, there are always some whose vaccination is imperfect, and danger to them should not be increased by admitting those who have not been vaccinated at all. Besides, a rule not enforced to all alike will soon cease to be a rule enforcible at all."

The Legislature of 1899 passed an act providing that in the event a man is acquitted of murder on the plea of insanity and is committed to the criminal department of the hospital for the insane, he shall remain there, in the event he regains his right mind, until a special act of the Legislature shall restore him his liberty. This the Supreme Court has decided is unconstitutional, and in the case of Boyett, from Lenoir, sentenced to the penitentiary, department of criminal insane, under this act and afterwards pronounced as having regained his sanity or being of sound mind, the prisoner is remanded to the

lower court for examination as to his sanity, and holds that if he is found sane a writ of habeas corpus must be granted. The opinion is written by Associate Justice Connor. The question of how to deal with the accused who pleads insanity when prosecuted for crime is far from a satisfactory solution. Perhaps the Hospital Observation law, noted elsewhere, might aid in its settlement.

Selections From Our Exchanges.

Acid Intoxication.

Acid intoxication of the blood, so often responsible for obscure symptoms —and not infrequently death, particularly after operation—is a prolific cause of defective metabolism as a result of acid fermentation in the intestinal tract, due to a cessation in the proper functionation of the liver and its normal discharge of bile into the intestine.

Physiologists have long since pointed out the importance of bile in the intestinal tract. By animal experimentation they have shown that, if the common bile duct be ligated and a biliary fistula established, thereby drawing all the bile from the gall bladder, the animals waste away and perish after a few weeks from inanition, though they continue to take food in normal quantity in the interval.

Hence the superlative influence of the function of the liver to the human economy, which, unfortunately, is too often disregarded. The presence of bile in the intestinal tract in normal quantity is essential for health. If the liver be not active enough to discharge it normally into the intestine, it must accumulate in the gall bladder, or be absorbed into the circulation. In either or both cases the inevitable result is irritation wherever the bile is deposited throughout the body. Since the whole system is oftentimes deranged from saturation with bile and endeavors to eliminate it through the kidneys and skin, its presence in the urine can always be detected by proper test.

The usual symptoms of the derangement described are *intestinal distention,* bath gastric and intestinal indigestion, headache, backache, frequently muscular pains, and disturbances of the circulation, vertigo, syncope, etc. Even more alarming symptoms are not at all unusual and should serve as a warning of some serious condition and, if unrecognized or neglected, corresponding catastrophe.

The habit of taking an occasional cathartic, or so-called "liver stimulant," such as calomel, podophyllin, or the effervescing salines, which act only by irritating the duodenum and, at last, provoke merely a temporary discharge of bile from the gall bladder, is a grave error, for the reason that the irritation produced may cause tumefaction and subsequent obstruction of the bile duct, thus accentuating, rather than improving, an already bad enough condition.

What will really prove of positive value in such cases as these—and what alone should be given—is a *true* hepatic stimulant that will positively increase the secretion of the hepatic cells and discharge fresh bile into the intestine, thus flushing and freeing the bile duct, counteracting acid fermentation and eliminating toxic products resulting from defective digestion.

Such a remedy has been found in

Sulpho-Lythin, a true hepatic stimulant and eliminant. It stimulates increased secretion of the hepatic cells and discharges fresh bile into the intestine, acting through the medium of the portal circulation after being absorbed from the upper intestinal tract. It does not produce irritation or other injurious effects, even when given continuously in maximum doses. It is peculiarly characteristic as an antifermentive and, in counteracting fermentation, is aided by the bile it liberates in the intestine. The bile also exerts a cathartic action and thus eliminates toxines.

Sulpho-Lythin is a new product, entirely unique and original in its action, and is a most important addition to our list of therapeutic agents.—*Medico-Criurgical Journal.*

Mortality and Management of Pneumonia.

By Edward E. Wells, M. D., Chicago.

In a most value paper, read before the last meeting of the American Medical Association, Dr. Wells spoke of the increasing prevalence and also the increasing mortality of pneumonia, and that was taking place at a time when there was a growing, if not a distinctly expressed opinion within and without the profession, that such should not exist.

He states that pneumonia in the temperate regions is the severest and most deadly of the commoner diseases; that it is responsible for a morbidity annually of about 0.7 per cent,. a mortality rate of 0.13, and it causes about 8.1 per cent. of all deaths. That it is steadily on the increase is proven by the returns of the New York and Philadelphia Health Boards. Some of the chief reasons for this prevalence can be found in the facts that pneumococcus varies in virulence in different strains, and that any strain may be made more or less virulent by cultivation and that the increased prevalence and heightened death rate may be due to the propagation, survival and dissemination of the most virulent varieties is a fair inference. He found what he believes to be, and no doubt is, a most important observation, that in a hundred and thirty-five which he examined that the pneumococcus was absent in some families in every member, while in other families it would be present in nearly every member of the family; it was also observed that in those families where the germs were found so freely distributed that one or more cases of pneumonia had recently occurred, while in those free of germs that no cases had occurred in. This makes it easy to account for the house epidemics that all have seen more or less of, and, most important of all, point the way toward a reasonable and practicable system of prophylaxis.

In speaking of the treatment and prophylaxis, he believes that the time is at hand when the profession should try to lower the number of cases, and to do this advises the following rules, which we give in full:

1. Pneumonia sputa should be destroyed before it becomes dry. The sputa which clings to the lips and teeth and that which may adhere to the fingers and bedding, should be wiped up with moist cotton, gauze or other cloth and these burned. All sputa, although not pneumonic, might as well be burned. The healthy as well as the pneumonic should be taught to hold a moist or at least a dry cloth over the nose and mouth when they are in the act of coughing, sneezing, etc., and by so doing prevent the spray of germs that would otherwise take place from the mouth.

The nostrils, mouth and throat should be kept as clean as possible. Cleansing sprays and washes for the nostrils, washes for the mouth and brushing the teeth; gargles and drinks for the throat. Permanent occlusion of the nostrils should be cared for by the use of proper means for that purpose; transient ones removed by adrenalin. Honeycombed tonsils and adenoid growths should be removed. Taking water after meals should be a habit, and every means used to prevent sleeping with the mouth open.

Those not forced to should not remain long in a room where a pneumonic patient is, and after the case is over the room should be disinfected, as is done after diphtheria and other infectious diseases.

Respiratory catarrhs, from whatever source, should be relieved as early as possible, and all physical and mental exhaustion, privation, undue exposure to cold, etc., should be avoided.

In the treatment he advises the following measures: At the beginning, morphine, 1-16 to 1-8 grain; patient kept absolutely quiet until chill passes off, then open bowels with enema of epsom salts, 2 ounces; glycerine, 2 ounces, and water, 12 ounces; later an efficient cathartic should be used.

Supplement the efforts of nature in lowering the arterial tension by using veratrium viride, 3 to 5 drops every two to three hours until nausea is produced. Later digitalis, 10 to 20 drops, every three to six hours.

For the relief of high temperature, ice caps and coils, with 15 to 20 drops of guaiacol. If the ordinary leukocytosis does not appear the use of nucleinic acid and salicylate of soda are to be made, and if needed the use of venesection to the extent of drawing off eight to twenty-four ounces of blood, and follow with the same amount of water in order to dilute those toxins that are left. Patients should have large amounts of fluids during the attack, so as to wash the blood and to rid the system of as much toxins as possible.

Foods given should be well salted so as to supply the necessary chlorides to the system that are so important.

Serums are not to be relied on at the present time.

Pulmonary edemaa should be met by the use of strychnine, adrenaline and morphine, combined with the use of oxygen early, and to be used freely. —Abstract from the September 24th issue of *Journal of American Medical Associatinn.*

Education Bearing Fruit.

The campaign of education in regard to the prevention of Consumption is bearing fruit much more quickly and to a greater extent than could have been hoped for a few years ago. When one remembers how short a time ago it was when even well-educated physicians ridiculed the idea that consumption was a contagious and not a hereditary disease, it is hard to realize that the truth has been so completely proven and acknowledged that the government has taken steps to prevent the appointment of consumptives to positions in the postoffices of the country, as a safeguard to the public. It is certainly a move in the right direction. A man suffering from a contagious disease is certainly not a proper person to handle the letters andpapers which are distributed in thousands of homes day after day. There is no better vehicle for the carrying of disease germs than paper. The man who is exhaling disease germs with every breath can hardly fail to infect the greater portion of the mail packages which pass through his hands.

The war of prevention is better than a crusade of cure, and the government has taken a step which will commend itself to those outside of the profession as well as to the doctors.—*Medico and Chirur. Journal.*

The Perilous Claims of Appendicitis.

Robert W. Hardon (*Medical Record*, Nov. 5, 1904) says that defervescence of symptoms and apparent better conditions of the patient do not always mean recovery, but may be forerunners of a dangerous condition. As there is no specific for the disease, no matter what treatment is used, the one who procrastinates should shoulder the responsibility for the death. When a clear diagnosis is made, but one treatment should be advised, that of operation as soon as possible under the conditions, or the golden opportunity may be gone forever. The physician who does not explain the great dangers of delay and the small comparative danger of operation is doing his patient a serious injustice which often leads to fatal results. Operation at the proper time usually greatly shortens convalescence, and eliminates all danger from this cause thereafter. Procrastination is the greater cause of surgical death, operation often being performed as a last resort when little hope of recovery exists.—*Medical Age.*

Specific Treatment of Typhoid Fever.

Dr. T. M. Hackett, Champlain, N. Y., said at a meeting of the medical society of the county of New York, that after fifteen years of experiment with blue mass and calomel in the treatment of typhoid fever he did not hesitate to make the statement that this remedy acted as a specific in the treatment of typhoid fever. As a result of his experience he has observed these facts: 1. In all cases of typhoid fever mercury is well borne by the system; it requires more mercury to get the constitional symptoms of tenderness of the gums when typhoid fever was present than under any otther circumstances. 2. In the administration of the blue mass in typhoid fever gradually as the system is impregnated with mercury just so gradually are the bacilli disappearing from the system, so that by the time the mercury begins to affect the gums the bacilli are no longer active in the system. This is signified by a gradual reduction of temperature to normal and a rapid convalescence. 3. With the use of mercury the patient's blood is in a more healthful state; mercury maintains the red corpuscles and the system does not fall into that state of grave anemia so common to the disease. 4. The patient may begin taking solid food as soon as the temperature is normal without danger of relapse; this he attributed to the state of the blood consequent on the presence of mercury in the system. 5. A few days after the beginning of the administration of mercury in typhoid the tongue becomes moist, the breath becomes less fetid and there is a desire on the part of the patient to take the nourishment prescribed. The odor of the stools becomes less fetid. He has not had a dry tongue continue over three or four days after the treatment was begun. 6. The temperature of the patient thus treated did not go subnormal after the fever left. 7. It is unnecessary, unpardonable and unscientific to salivate a patient when using mercury in the treatment of typhoid. He has yet to observe any ill effects of the slightest nature from the use of mercury to the extent only of the soreness of the gums. He called attention to the temperature charts of

several recent cases which were accompanied with certificates from the State Board of Health certifying that the Widal reaction was present. The charts showed that three weeks covered the whole period of illness and that the third week was a week of convalescence.

DISCUSSION.

Dr. Egbert Le Fevre said that he had had some experience with the mercurial treatment of typhoid fever. He had noted that the temperatures were reduced, but the mortality was higher than under the present plan of treatment. He believed that any plan of treatment would offer results which varied according to the epidemics; in the later epidemics the disease ran a shorter course as a rule. He had endeavored to make the itestinal canal antiseptic and had failed, and he doubted if there was any agent which would place the blood in a condition to destroy the Elberth bacillus.—*Journal A. M. A.*

The Russian-Japanese War.

Major Louis L. Seaman, U. S. V., who has recently returned from the seat of war in Manchuria, declared at the recent meeting of the Association of Military Surgeons that the United States is very far behind the Japanese in matters of military medical organization and sanitation. The Japanese are the first to recognize the true value of the army medical corps. As he saw the organization in operation, the care of the sick and wounded consumed but a small share of their time. The solution of the greater problem of preventing disease by the careful supervision of the smallest details of subsistence, clothing and shelter is their first vigilance, nor too tedious to weary their patience, and everywhere, in the field with the scouts or in the base hospitals at home, the one great, prevailing idea is the prevention of disease. The medical officer will be found both in the front and in the rear. He is with the first screen of scouts, with his microscopes and chemicals, testing and labeling wells, so that the army which follows shall drink no contaminated water. When scouts reach a town he immediately institutes a thorough examination of its sanitary condition, and if contagion or infection be found, he quarantines and places a guard around it. A medical officer accompanies foraging parties, and with the commissariat officers, samples the various food, fruit and vegetables sold by the natives before the arrival of the army. If the food be tainted, or the fruit overripe or the water require boiling, notice is posted to that effect. As a result of all this, the medical officer is not obliged to treat cases of dysentery and fevers that follow improper subsistence and neglected sanitation—diseases that have brought more campaigns to disastrous terminations than the strategy of opposing generals or the bullets of their followers. He stated that up to August 1, 9,802 patients had been received at the hospital at Hiroshima, of whom 6,636 were wounded, and that of the entire number only 34 had died.

Major Seaman also spoke of the contrast which he found on visiting the Russian lines and told of the brutality, debauchery, apathy and criminal carelessness of the Russian officers.

Cachexia and Anaemia Treatment of Syphilitic.

Orril Legrand Suggett, M. D., St. Louis, Mo., in *Am. Journ. of Dermatology,* Sept. 1904, says, in part:

In order to formulate a rational treatment for syphilis, it is necessary

to study the chief features of its pathology and the therapeutic value of remedies commonly employed as antidotes to its specific poihon. The syphilitic virus begins its assault on the blood early in the primary stage. The red cells and the hæmoglobin are gradually diminished. The hæmoglobin shows a loss of 15 to 30 per cent. before the appearance of the secondary stage. With the outbreak of secondary symptoms the red cells are rapidly reduced, falling often below two millions, while the hæmoglobin sometimes falls 25 per cent. in untreated cases. Before the testing stage develops, treatment usually arrests the process of impoverishment which would otherwise end in a pernicious type of anæima. The gravest forms of anæmia and cachexia are found in old persons who are physically bankrupt, and children with feeble powers of resistance.

Let us now turn to mercury, the great antidote of syphilis, and see what it does for the blood while antagonizing the syphilitic infection. Investigation shows that it causes a reduction in both the red cells and hæmoglobin soon after being administered in the usual doses, but when the doses are reduced to the minimum quantity necessary for its antidotal effect on the syphilitic poison, the anæmia improves, provided the patient is in a fairly good condition of health at that time. The benefits of mercurial treatment depend upon the state of bodily nutrition of the person affected, and this is indicated by the character of the cutaneous lesions. Thus vesicular, pustular and ulcerative syphilides are found in badly nourished individuals. Such patients will not improve under anti-syphilitic remedies until the general nutrition is improved.

What we need is something to prevent the deteriorating effect of mercury on the blood while it is combating the syphilitic poison. For this purpose iron in some suitable form is conceded to be the ideal remedy.

* * * *

As to the proper time for the employment of iron in syphilitic cases, the earlier it is given the better will be the results. It has been shown that the syphilitic virus wastes no time in attacking the red cells and the hæmoglobin. It has also been shown that mercury, the great antidote for syphilis, does the same thing, and in order to anticipate the action of both and prevent deterioration of the blood, iron should be employed simultaneously with the anti-syphilitic remedy, and this should be done in favorable cases as well as in anæmic and cachetic subjects. It is easier to prevent the growth of an evil than to uproot it after being firmly established.

The value of iron as a reconstructive in syphilitic anæmia and cachexia being conceded, the pertinent question to decide is, what form or preparation will best meet the requirements of the upbuilding process? Evidently iron in combination with manganese should have the preference. Manganese is an element of the blood, and possesses an oxygen-carrying power in a greater degree than iron. It is a physiological and chemical ally of iron in its action on red blood globules.

The important point to consider is the selection of a suitable combination of these substances. This will be found in Pepto-Mangan (Gude). This preparation contains manganese in the best possible combination with iron. It is absorbed in the blood readily without requiring to undergo any previous chemical alteration, and rapidly increases the red cells and hemoglobin. To counteract the deleterious effects of

mercury and iodine on the blood, it should be employed early and continuously as long as the above drugs are administered. Pepto-Mangan (Gude) should be given alternately with the anti-syphilitic remedies, three times a day, in dessertspoonful to tablespoonful doses. In robust patients, it will prevent anæmia and cachexia, and in anæmic and cachectic patients it will act as a powerful corrective.

"Matter is Electricity."

Since, probably, many generations before Pythagoras and Thales thinking men have reasoned concerning the nature of matter. Up to within a few years ago as satisfactory a solution of the problem as any was offered by *Punch:* "What is mind? "No matter." What is matter? Never mind. What is spirit? It is immaterial." This system of philosophy, while not very conclusive, was yet a comfortable one; and it summed up fairly well the results of the deliberations of many centuries. However, Sir Oliver Lodge, in a paper in the August *Harper's,* now declares that matter is electricity, and nothing else. And addresses of associate scientists who have just visited this country (particularly Sir William Ramsey) lend emphasis to this undoubtedly important paper. It is declared that electricity is not a form of energy, any more than it is water. Water may be a vehicle of energy when in motion or at a high level; so may the former. Electricity cannot be manufactured as heat can; it can only be moved from place to place, like water, and its energy must be in the form of motion or of strain. Under strain it constitutes charge; in locomotion it constitutes a current and magnetism; in vibration it constitutes light.

We do not know what positive electricity is. Lodge does not even guess, beyond supposing it to be a mode of manifestation, or a differential portion of the continuous and all-pervading ether. Much, however, is known concerning negative electricity; this exists in very minute particles, or "electrons." Each electron has a definite charge of electricity—the same charge as is conveyed by each single atom when a current is passed through a chemically conducting liquid. Each electron has also a definite and uniform mass, which is about 1-800th of that of an atom of hydrogen—the highest form of matter hitherto known. From every kind of material the same and no other kind of electron can be obtained, "and we have reason for asserting that no other kind exists."

Inside a hydrogen atom electrons are very sparsely distributed—there is plenty of room for 800; more room, indeed, than there is in the solar system for the sun and planets. Some atoms, however, contain many more than this number; the tightest packing known exists in the atoms of the radio-active substances, Uranium, Radium and the like, each atom of which contains something like 200,000 electrons. Lodge's view of an atom of matter is therefore somewhat like the following: Imagine an individualized mass of positive electricity, diffused uniformly over a space as big as an atom, "such that a million, million, million, million could be crowded tightly together into an apothecary's grain." Then imagine, disseminated through this small spherical region, a number of minute specks of negative electricity, all exactly alike and all flying about vigorously, each of them repelling every other, but all attracted and kept in their orbits by the mass of positive electricity in which they are imbedded, and flying about. The

electrons are very energetic and forcible, though in bulk mere specks or centres of force. Every speck is exactly like every other, each being of the size and weight appropriate to the electron. *"Different atoms, that is, atoms of different kinds of matter, are all believed to be composed in the same sort of way;"* but if atoms of a substance are such that each possesses twenty-three times as many electrons as hydrogen has, we call it sodium; if 200 times as many we call it lead or mercury; if still more than that, it begins to be conspicuously radio-active. Matter, then, appears to Lodge to be composed of positive and negative electricity and nothing else. All new-discovered, as well as all long-known properties of matter can thus be explained. The only remaining enigma is gravitation, of which no satisfactory theory is as yet forthcoming. Possibly this property is a slight but quite uniform secondary or residual effect due to the immersion of a negative electron in a positive atmosphere. It is a mutual force between one atomic system and another, which is proportional to the number of electrons in each.

Possibly Lodge and his associate scientists have grasped a true theory of matter; if so, the world is on the threshold of discoveries more wonderful than have yet been achieved in history.—*Medical Times.*

A Critical Review of the Study of Cancer.

Anna Gilbraith states that some of the more striking features of this review of the study of cancer covering the last two hundred years are that (1) cancer is almost totally absent in the tropics; (2) cancer is very rare among savage races; (3) with the advance of civilization, and the increased prosperity of the nations, there has been a steady and marked increase of cancer; (4) this disease is more prevalent among the well-to-do and wealthy than it is among the very poor; (5) it is more common among women than among men; (6) it is a disease par excellence of the climateric; (7) it is hereditary; and (8) in order for tumors to become malignant a lessened physiological resistance of the local tissues, of the body in general is necessary.

With our present ignorance of the cause and cure of cancer the first step taken must be in the direction of prophylaxis; when a woman reaches the age of forty she must be placed in the best possible condition for the resistance of this disease, by local treatment, in case there should be any local inflammation, lacerations, or ulcerations; and, secondly, her general health must be looked after, especially as regards diet, exercise, and life in the open air. Should cancer make its appearance, an immediate operation is imperative. If the case when first seen is too far advanced to make operation advisable, or should there be a recurrence of the disease, the *x*-rays and violet rays, combined with serum therapy, offer the greatest hope—at present we can only say of the alleviation of the disease and its surroundings. Based on the absence of cancer in the tropics, and that other well-known fact "that light is capable of killing the tubercle bacillus," to the above treatment should be added that of direct sulight, which could be secured by adding solariums to our hospitals.

In view of the facts of the great and increasing prevalence of cancer, and the inadequacy of the present surgical resources to cope with it, it is to the renewed clinical study of this disease, which has almost been lost sight of,

and to experimental serum therapy that our attention must now be directed to seek the cure for this most terrible and fatal of the diseases of the present day.—*Medical Record.*

Sweating as a Relief to the Kidneys.

The author has examined the sweat induced by dry heat in a large number of patients suffering from nephritis and other diseases in which the induction of perspiration was indicated as a therapeutic measure. He believes that the sweat must be designated as a fluid which, is as a rule, hypotonic, and only in rare cases, such as uræmic conditions, either isotonic or hypertonic. In comparatively rare instances the sodium chloride content approaches that of the blood. It may occur in cases of nephritis, but is apparently no more frequent than in rheumatic and neuralgic conditions.

The author's results seem to confirm the well known fact that sweating removes more fluid than solid constituents from the body tissues. There are exceptions, however, to this rule, and there are cases in which the sodium chloride content of the sweat equals that of the blood serum. The percentage of nitrogen in nephritis is often higher than that in the blood serum of nonnephritics.—H. Strauss (*Deutsche Medicinische Wochenschrift,* August 18, 1904.)

Need Endowment.

At the one hundred and fiftieth anniversary of King's College, Columbia University, Dr. McCracken, the chancellor, called attention to the fact that in point of numbers, medical instruction in this city was declining. Twenty years ago there were in New York City and State 2,085 medical students and, at the present time, there are 2,374. In the whole country there has been an increase of 153 per cent., while in New York state the increase has been only 13 per cent. In New York City itself there has been an actual decrease of 10 per cent. This is not because the medical schools are unworthy of patronage, but because of lack of endowment and paucity of material equipment of the schools. There is a lack of building room and a large number of well qualified students have been turned away.—*Jour. A. M. A.*

Paraffin Injection for Varicose Veins.

A fresh illustration of the tendency of therapeutic novelties to find their way speedily from one branch of practice to another is to be seen in E. von Bassewitz's suggestion for the cure of varicose veins by so injecting paraffin around the trunk of the affected vein as to compress the vessel to the extent of obliterating it (*Semaine medicale,* October 12th). Digital pressure is made on the mass while it is solidifying.—*N. Y. Med. Jour.*

A new disease has been discovered by army surgeons. They call it "Philippinitis." It is described as a change that takes place gradually in the Americans who go to the islands and is alleged to be due in a great measure to the climate. The first symptom is a loss of memory, necessitating the use of a notebook for even the most trifling details. Later come an almost overwhelming desire to put off action as far in the future as possible, and this culminates in the excessive use of alcohol and tobacco. There are a good many people that have never seen the Philippines that show symptoms of the affliction noted.—*Savannah News.*

Pneumonia.

A prominent physician in lecturing recently on a case of senile pneumonia at the Philadelphia Hospital said: "Hot flaxseed poultices, well made so as to retain their heat for four hours, were kept about the thorax during the day and at night were replaced by a lamb's-wool jacket, for the better part of a week. It is important when poultices are used that they should be well made and should retain their heat for four hours, in order that the patient shall not be continually disturbed to change them. Fever patients need rest, not only sleep at night, but rest during the day. It is rarely wise to wake a patient, either for food, for medicine, for bath, or for any other application. Save in exceptional instances, sleep will do more to favor recovery than the agent for whose sake it is interrupted."

The time was when the above statements would have received the hearty endorsement of all thoughtful medical men. But this is not the ox-cart, candle or horse-car age. We are living in the twentieth century. The old things must be laid aside. They are valuable only as antiques.

We have the cleanly and convenient electric light instead of the greasy candle. Why not Antiphlogistine, made of cleanly and aseptic materials and capable of maintaining a uniform degree of temperature for 12 to 24 hours or more, instead of the bacteria-breeding, soggy, clammy linseed and other poultices?

Most up-to-date doctors say: "Yes, we know all about Antiphlogistine and use it regularly as routine treatment in all cases where inflammation is present and a local remedial agent is indicated."

Picture an individual with temperature 104° to 105°, pulse 120-140, respiration 40-70. If any one craves and absolutely needs rest and sleep it is such a patient. A linseed poultice affords a very poor means for the continuous application of moist heat, nothing more. It cannot be sufficiently well made to retain a temperature of value for more than a half hour. Antiphlogistine need not be changed oftener than once in 12 to 24 hours, during which time a comparatively uniform temperature is maintained. Refreshing sleep is invited, and not hindered. It stimulates the cutaneous reflexes, causing a contraction of the deep-seated and coincidently a dilation of the superficial blood-vessels. At the same time it attracts or draws the blood to the surface—flushes the superficial capillaries—bleeds but saves the blood.

The circulation is thus favorably affected. The aggravating symptoms are almost immediately ameliorated. Congestion and pain are relieved, the temperature declines, blood pressure on the overworked heart is reduced, the muscular and nervous systems are relaxed and refreshing sleep is invited.

Messrs. Lea Brothers & Co., of 706-10 Sansom St., Philadelphia, Pa., publish, with annual revision, a *general catalogue* of all medical, surgical, pharmaceutical books, etc., including those of all medical publishers in the English language. . It is arranged under subject classification. It will be a great convenience in many ways, and will be furnished gratis to each physician for the asking. Specify *general* catalogue when writing.

Honors Well Earned.

For once the saying, "A prophet is never without honor in his own country," has proved a fallacy. English, German and French pharmacists and biological producers vied with each other in the quality of their exhibits at the St. Louis Exposition. A selected jury of award "Hygiene", composed of distinguished scientists, some of whom were of foreign birth, granted an American firm, the H. K. Mulford Co., the Grand Prize for superiority in Antitoxin, Curative Sera and Vaccine, and in addition directed that the officials of the Mulford Laboratories receive special recognition in the form of gold medals for scientific laboratory research work. The high character of this firm's products has been recognized in pharmaceuticals since they were awarded by the Liberal Arts Jury the Grand Prize for superiority of Friable Tablets, Triturates, Hypodermics, Capsules, Fluid Extracts, Elixirs, Salts, etc. The display in the Educational Building, which was placed in the department of hygiene instead of the Liberal Arts Building at the special request of the Government Commissioner of Hygiene, shows every stage in the production of Antitoxin, the absolute cleanliness and marvelous precautions observed in the production of Antitoxin and Vaccine gave a forcible impression of the rigid following of asepsis and antisepsis in the preparation f e thMulfrd prducts. the preparation of the Mulford products. The superiority of their pharmaceutical products included a line of specialties of considerable merit, and the exceptionally high honors awarded premier American manufacturers are a fitting tribute to the quality of work done at the Mulford Laboratories.

An Old Remedy Combined With a Newer One.

The *Massachusetts Medical Journal* recently published the following, which will no doubt be interesting to our readers:

"We believe that members of the medical profession should familiarize themselves with the combination tablet of antikamnia and heroin. The first of these, antikamnia, years ago, established a prominent place for itself as a most reliable antipyretic, anti-neuralgic, and general pain-reliever, while heroin is, by all odds, the most efficient of recent additions to our list of remedies. The advantages of this combination are fully illustrated by a report of cases submitted to us by Dr. Uriel S. Boone, professor of Surgery and Pharmacology, College of Physicians and Surgeons, St. Louis, We reprint three of said cases, as each has some particular feature which successfully called into use in a most beneficial manner the synergetic action of these two drugs.

"Case I. J. P., athlete. Suffering from an acute cold. On examination found temperature 101° with a cough and bronchial rales, Patient complained of pain induced by constant coughing. Prescribed antikamnia and heroin tablets, one every four hours. After taking six tablets, the cough was entirely relieved. Patient continued taking one tablet three times daily for three days, when he ceased taking them and there has been no return of the cough or pain.

"Case II. Ed. H., age 30. Family history—hereditary consumption. Hemorrhage from lungs eighteen months ago. His physician had me examine sputum; found tubercle bacilli. After prescribing various remedies with very little improvement, I placed him on antikamnia and heroin tablets, prescribing

one tablet three times a day and one on retiring. He has since thanked me for saving him many sleepless nights, and while I am aware he never can be cured, relief has been to him a great pleasure and one which he has not been able to get heretofore.

"Case III. Wm. S., aged 28. Lost 20 pounds in last 30 days. Consulted me July 9th. I thought he most certainly would fall victim to tuberculosis. Evening temperature 101°, with night-sweats and a very troublesome cough, with lancinating pains. Prescribed 1-100 gr. atropine to relieve the excessive night-sweats and one antikamnia and heroin tablet every four hours, with the result that he has entirely recovered and is now at work as usual.

"Neither in these, nor in any other of my cases, were any untoward after-effects evidenced, thus showing a new and distinctive synergetic action and one which cannot help being beneficial."

Anaemia.

A few Practical Points in Infantile Anaemia.

Infantile anæmia always manifests distinctive, objective and subjective symptoms of mal-nutrition, of which the most prominent is a lowered blood standard. Disease of childhood shows more pronounced changes in the blood than does disease of the same class in the adult; therefore a careful study of the blood is invariably necessary and yields points of greatest importance in deciding the best method of treatment.

There is still a great deal to be determined about the marks of distinction between the normal and abnormal conditions of the blood in children; much has been developed but there is still much to be learned. In the transition from infancy to childhood, the process of the development of the blood is going on and it is often hard to determine whether a certain case is normal or abnormal in the condition of the blood. For instance, the percentage of hæmoglobin which is, in proportion, higher at birth than in adult life, may fall within the first few weeks of life to fifty per cent., and still not be abnormal. It is, therefore, for the busy practitioner, no less than for the one not so proficient in hæmotology to have some simple, reliable and easily practical methods of ascertaining the exact blood condition. When this knowledge is obtained a diagnosis can be made. To obtain this practical knowledge, no special skill is required; the ordinary use of the microscope, hæmoglobinometer, and hæmocytometer, can, with a little practice, obtain the necessary data. It is now conceded that aside from chlorosis nearly all cases of anæmia in children are of secondary origin, consequently it is not difficult to ascertain the causes. The tendency may be transmitted from the anæmic, poorly-nourished parent; inefficient quantity or improper kind of food is usually the chief cause. The infections or constitutional conditions, such as rickets, syphilis, tuberculosis, malaria, rheumatism, etc., are responsible for the great majority of cases of secondary anæmia, and usually present one or more distinctive symptoms indicating their origin. The thing most desired in the treatment of these conditions is naturally to remove the cause, which is sometimes possible, but not always; a careful study of the blood should be the first step, after which its proper treatment, for by this means one can often remove the subjective symptoms of the anæmia, thereby making the patient more comfortable as well as reinforcing the treatment of the cause.

In the endeavors to restore the normal standard of blood in cases of secondary anæmia, dietetic and hygienic measures are of greatest importance. A careful study of many cases shows conclusively that a large proportion of the cases which owe their origin to conditions prevalent among the poorer classes—improper food, poor air, lack of exercise—are the prime causes. A correction of these defects with proper feeding, fresh air and tonic, will bring about the desired results without the necessity of much drug medication. But in those cases in which the anæmia is secondary to the infections, the dietetic hygienic measures can be supplemented by the application of proper medication; the treatment then becomes one of removing the cause of the anæmia, at the same time reinforcing the system by proper nutrition. The most frequently employed drugs as blood reconstructors, are iron and arsenic, but their field of usefulness is limited. They undoubtedly produce a tonic effect by stimulation, but lack the proper elements to build up the newly born cells as the result of this stimulation, consequently their therapeutic value is limited and something more complex is required. Too short a space is allowed to enumerate the many cures laid down by various cliniations in the treatment of anæmia. All have virtue more or less; none are complete. Most of the tonics of iron will increase in the hæmoglobin, consequently many of the new born cells never reach maturity but become shrivelled, disintegrated or paralyzed as a result of the mal-nutrition. With this clinical picture before me I naturally sought for something that fully covered the field, in other words, a tonic, stimulant and complete food. The combination of the three making the essential whole I found in Bovinine, and its employment in many cases has proven it to be a most valuable diathetic and therapeutic agent. *T. J. Briggs, M. D.*

Lung Troubles.

It is well known that the air of pine forests is beneficial to invalids suffering from this class of diseases. This is probably due in a measure to the large quantities of ozone produced by the reaction of light and air with the terebinthinate emanations; but if advantages are derived from inhaling the emanations of turpentine, how much greater must be the benefit from the internal use of the active principles of its therapeutic congeners combined as they are in Fitchmul with other medicinal substances which increase their therapeutic effects?

Fitchmul is not only a thoroughly scientific and ethical preparation, but is pleasant to take, and free from any disturbing action on the system.—*Prof. Kennedy, St. Louis.*

Ergo-Apiol.

Case III.—Miss Carrie L., aged 23 years, came to my office on January 2, 1902, stating that she had not menstruated for five months. There was considerable abdominal distension, which led me to suspect the patient was pregnant. Examination, however, dispelled this idea. I prescribed an original package of twenty capsules Ergo-apiol (Smith) to take one capsule four times daily. . On January 5th she reported and stated that the flow had established itself.

Elongation of the Uvula.—As a gargle in sore throat or elongation of the uvula, Kennedy's Dark Pinus Canadensis has very general endorsement, the usual proportion being a teaspon-ful to a glass of water.

Dr. Mann Page of Warm Springs, Va., graduate medical department University of Virginia, 1897, writing, says: "I have used Sanmetto in almost every case of kidney trouble that has come to me during the past year, and the results obtained in all cases from the 'temporary congestion' so often accompanying 'cold,' etc., to the acute and chronic cases of 'true inflammation,' have been most gratifying. I am now using Sanmetto in several cases of albuminura accompanying pregnancy, with benefit to every one of the patients. In cases of irritability of the bladder, from the least degree of the class to the most acute cases of inflammation, following the abusive use of abortifacients, Sanmetto stands alone as a speedy and safe remedy. The success of Sanmetto in the relief of the depressing sequelæ familiar to all who witness the unfortunate results of the three days' home gonorrhœa cure' is great. The relief of pain and amelioration of alarming symptoms inspires confidence in the grateful heart of these victims of contagion."

A Valuable Auxiliary in the Treatment of Pneumonia.—Pneumonia is nowadays considered a general infectious disease, due to a special germ, and not, as was formerly believed, a local condition resulting from exposure to cold. It is, therefore, of the utmost importance that once it appears in the household every precaution should be taken to prevent its spread to other members of the family. As the germ is carried through the air, this cannot be accomplished by fluid disinfectants; an unirritating and non-poisonous antiseptic which is sufficiently powerful to destroy the infection and yet can be freely breathed by the patient is required. There is only one safe and effective agent of this kind, and that is Vapo-Cresolene. Experiments by a member of the Pathological Department of Yale University have demonstrated its high germicidal power. Its vapor permeates the air of the sick-room, destroys the infection at its source, and when inhaled by the patient allays cough and irritation in the air-passages, promotes expectoration and thus aids materially in bringing about recovery.

A New Therapeutic Agent of Value in the Treatment of Epilepsy, With the Report of a Case.—Hugo Erichsen, M. D., L. R. C. P. and S., reports an interesting case in the *Medical Age* for September 25, 1904. The author says:

"The patient had had nineteen well defined attacks of epilepsy since the summer of 1900. Shortly after the occurrence of the last I took charge of the case. Up to that time he had been taking the bromides at irregular intervals, owing to the fact that his stomach was easily deranged. Eventually they had to be rejected. Even bromide of sodium proved objectionable for this reason.

"About this time my attention was directed to "Brometone." It proved to be the very thing I was looking for, as the patient had no difficulty in retaining it and it did not give rise to untoward after-effects. After taking what was evidently an overdose the patient experienced drowsiness during the day, but when the dose was reduced to 5 grains (in capsules) three or four times a day he had no further trouble in this respect.

"Brometone contains about 77 per cent. of bromine, and possesses the sedative and other characteristic effects of that agent. It is preferable to the bromides, because it does not excite nau-

sea, vomiting, or alimentary disturbance. Moreover, it does not seem to produce the undesirable systemic depression often resulting from the older bromides. Although my patient has been taking Brometone day after day for over a year, he has not been afflicted with skin rashes or any other indications of bromism. Furthermore, he has not had an attack for sixteen months, has gained in weight, improved in appearance and takes a more cheerful view of the future.

"From my experience with it I am inclined to believe that Brometone will prove of service in the treatment of other nervous conditions, particularly insomnia, headache and delirium tremens. It may also prove of benefit in some cases of asthma and may relieve cough of reflex nervous origin."

Salithia.—Magnesium has long been recognized as the most effective of the saline cathartics. Modern methods of treatment demand the establishment of a clean and empty alimentary canal primæ viæ and this obtained it is easy to affect the system as may be desired. Salithia is a combination of magnesium sulphate, lithium and colchicine in effervescent form. It is the "twin" of Saline Laxative (Abbott) which has become a standard remedy with the profession. The formula was particularly designed to relieve the system of uric acid and at the same time to exert a decided chologogue action. In all diseases of the uric-acid type Salithia should be given in dram doses once or twice daily (preferably largely diluted with hot water) and if it is given on an empty stomach early in the morning its effect is apparent in two hours. Hepatic activity is secured and a normal condition of the urine follows in a few days. In using Salithia in gout, rheumatism or lithemia it is well to exhibit conjointly Calcalith (calcium carbonate comp.) in ten-grain doses three times daily. If you have not yet used these two remarkable remedies you should do so. They are "reputation makers" and that means money makers, of course. Literature and samples will be sent free; as well as a free copy of Abbott's Alkaloidal Digest, a 300-page book of brief therapeutics and practice, by addressing the Abbott Alkaloidal Co., Ravenswood, Chicago, Ill.

Various preparations of Cod Liver Oil have appeared in the market during the past ten years, but for palatability and efficiency none of them has surpassed Hagee's Cordial of Cod Liver Oil Comp. This preparation has become a standard with many doctors all over the country, and the results achieved are most satisfactory. The freedom from grease and the fishy odor makes it peculiarly acceptable to patients with weak stomachs.—*Southern Medicine and Surgery.*

The Antikamnia Chemical Co. is sending out to its various professional friends a reproduction of Gatti's celebrated painting—"Sympathy"—exhibited at the St. Louis World's Fair, which has just closed. On the reverse side of the picture is a calendar for 1905. Any doctor failing to receive a copy would do well to write for one.

Never introduce hydrogen peroxid into a cavity in which pressure would be likely to do damage, unless the opening leading into it is sufficiently large to allow for an immediate escape of the gas formed.—*International Journal of Surgery.*

BOOK REVIEWS.

How to Study Literature. Price, 75 cents, postpaid. Hinds & Noble, publishers of The Worth of Words, $1.25; Commencement Parts (all kinds) $1.50; Palmer's New Parliamentary Manual, 75 cents; How to Attract and Hold an Audience, $1; Pros and Cons (complete debates) $1.50. 31-33-35 West 15th street, New York City.

Of recent years there has arisen a greatly increased interest in literature, as is shown by the enormous sales of books and the great number of "book clubs" which are now to be found in every hamlet as well as large cities. But how few know how to read a book intelligently and with benefit to himself. There is too much reading nowadays simply for the entertainment; the book, whether it be masterpiece or trivial volume, is read hastily and cast aside, with little thought of its place in literature, its style, its setting, its diction, its gems of thought. There is no intensiveness about much of our present day reading. This splendid little volume, "How to Study Literature," furnishes brief yet sufficiently full outlines for the study of epic, lyric and dramatic poetry, of fiction, essay and oratory. We would especially recommend it as a guide to those interested in the correct study of literature.

Qualitative Analysis Brief, by Allard Memminger, M. D., Professor of Chemistry, Hygiene and Clinical Urinary Diagnosis in the Medical College of the State of South Carolina; of General and Applied Chemistry in the College of Pharmacy of South Carolina. Second edition, revised and rewritten. 124 pages, illustrated. Cloth, $1 net. P. Blakiston's Son & Co., Philadelphia, Pa.

This little volume was prepared by Prof. Memminger especially for his classes in Qualitative Chemical Analysis, having in view the making more plain the methods of analysis, and thus lightening the burdens of his students. Concise and simple plans of procedure are clearly given for the determination of the presence of the elements, single or combined, which the physician is liable to encounter in the pratice of his profession. The medical student will find this "Brief" of much value, as it contains in concise form full instructions for making the usual chemical tests with which he must familiarize himself.

A Compend of Medical Latin, Designed Expressly for Elementary Training of Medical Students, by W. T. St. Clair, M. D., Professor of Latin Language and Literature in the Male High School of Louisville, Ky.; author of "Cæsar for Beginners," "Notes to Cæsar's Gallic War, Book Three," etc. Second edition, revised. Cloth, $1 net. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, Pa.

The author's endeavor, in presenting this little volume to the profession, was to provide the student of medicine, in a plain and practical way, the fundamental principles upon which medical language is built. The student who comes to the study of medicine with little or no knowledge of Latin, its technical language, will find in this little book a useful helpmate to guide him through the perplexing mazes of the special terms and phrases used in medicine,

i. e., Medical Latin. A most useful little volume for all doctors and students of medicine.

Blood Pressure, as Affecting Heart, Brain, Kidneys and General Circulation. A practical treatise on Theory and Practice. By Louis F. Bishop, A. M., M. D., Physician to Lincoln Hospital and French Hospital, New York. 12mo., cloth, $1. E. B. Treat & Co., publishers.

This is one of the "biggest" little books that has come to our table. The writer gives evidence on every page that he thoroughly understands his subject and his statements are clear and to the point. It is one of the books that the reader desires to read and reread, gaining wisdom with each reading. We can't tell you what the author says—he says so much in such little space. Get the book and study it.

Cylic Law, Its Influence over Man in Both Health and Disease, in Determining the Sex; Its Influence upon Births, Deaths, etc., by Thomas H. Reed, M. D., Middletown, Ohio.

The author takes the position that since the universe is under the control of law, fixed and immutable, man and all the influences that govern and control him are also under the same control. He argues that magnetism or electricity has much to do with the action of man's nervous system; that the polarity of the earth changes with the ebb and flow of the tide—caused not by the tides, but by the magnetic influence of sun and moon which cause the tides. He cites his observation in many cases of obstetrics, showing that uterine contraction is much more satisfactory during the positive period and that labor during the negative period is more painful and less progressive and satisfactory. Another observation, the main facts of which he is now able to substantiate by many cases, is that, conception taking place during the positive period will produce positive progeny, usually a male, but if the act occurs during the negative period—during ebb tide—the result of conception will be a negative individual, usually a female. Many other observations are recorded—all with the earnestness of a seeker after truth who is convinced that he has found that for which he sought. The doctor makes many statements that appear strange to one ignorant of his subject, but he with reason asks that we read not simply to contradict, but weigh and consider, remembering that we are nothing only as we avail ourselves of the aid of a higher Being; and not to lose sight of the fact that what we know is little, that which we do not know is IMMENSE. The little book is worth reading and considering.

Surgical Anatomy of the Head and Neck by John B. Deaver, M. D., Surgeon-in-Chief to the German Hospital, Philadelphia, Pa., Illustrated by 177 full page plates, nearly all of which were drawn from original dissections; 770 pages; P. Blakiston's Son & Co., Philadelphia, Pa.

This volume has been made up from those sections of Dr. Deaver's complete work on "Surgical Anatomy" which treat specially of the regions that are of greatest interest to the practitioners that confine their work to diseases of eye, ear, nose, mouth, throat and nervous system, and provides this class of specialists with an absolutely unique book, useful, practical, new. The illustrations which exemplify the text are full-page on tinted background and are the finest and clearest that have

ever fallen under the eye of the reviewer. They are accurate, artistic, realistic, and have been reproduced in accordance with the highest standards of topography. The drawings for these illustration were from original dissections made expressly for this purpose. The text is clear, succinct and systematically arranged. It sets forth the principles of anatomy as applied to medicine and surgery and describes with thoroughness the anatomic conditions fundamental to the various surgical operations. The publishers of this unique and valuable volume also offer the profession a work on Surgical Anatomy by the same gifted author. This work is in three royal octavo volumes, including 499 full page plates. Also a work on appendicitis, its history, anatomy, etiology, pathology, symptoms, diagnosis, prognosis, treatment, complications and sequelae, with five colored and many other full page plates. Third edition, cloth, $5.00. They have in preparation a work by the same author on Enlargement of the Prostate—its history, anatomy, pathology, cause, symptoms, diagnosis, treatment and technique of operations. Fully illustrated. These volumes, owing to the clearness of description in the text, the marked excellency of the plates and their profusion, together with the artistic skill which the printers have shown in their work, are invaluable to the profession, particularly to the surgeon, but also to the physician who desires to acquire accuracy in diagnosis.

ANNALS OF SURGERY, a monthly review of Surgical Science and Practice, edited by Lewis Stephen Pilcher, M. D., LL. D., of New York, with the Collaboration of J. William White, Ph. D., M. D., of Philadelphia, Sir William Macewen, M. D., LL. D., of Glasgow, and W. Watson Cheyne, C. B., F. R. S., of London. Published monthly by J. B. Lippincott Co., Philadelphia, at $5 per annum.

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The December issue of the *Annals of Surgery* is a remarkable number and well sustains the verdict of a well-known professor of surgery in one of America's oldest medical schools, that the *Annals* has achieved an undisputed place as the leading exponent of surgery in the English language. This issue signalizes the close of the first twenty years of the publication of this journal, and the publishers have properly marked the event by issuing a Festschrift number, which is more than double the size, and which is unequaled for the volume of its contents, the number and authority of its contrbutors, and the abundance and quality of its illustrations, many of which are in colors.

A Laboratory Manuel of Human Anatomy by Lewellys F. Barker, M. B. For. Professor and Head of the Department of Anatomy in the University of Chicago and Rush Medical College. Illustrated, $5.00. J. B. Lippencott Company, Philadelphia, Pa.

Anatomy, one of the first sciences to be taught by the laboratory method, has not always kept pace with her younger sister sciences in the advance of methods of instruction. Many instructors in anatomy have felt the need of more systematic, more orderly and more thorough work in the dissecting room. A number of laboratory manuals are offered the teacher and student, but, in the opinion of the author, they are more or less unsatisfactory, partly on account of nomenclature, partly because so much is included that the student tends to lean entirely upon his manual, rather than to observe at first hand for himself and to consult larger text books and atlases. Owing to these defects many of the best teachers of anatomy have banished all dissecting guides from their laboratories.

Dr. Barker undertakes, in this volume, to supply the deficiencies found in other manuals. His book is not so large that the student is tempted to rely on it alone, nor so small as to partake of the nature of a "quiz-compend." From careful inspection of the book, its divisions, the manner in which each subject is taken up and described, and the clearness of the plates, the reviewer is of the opinion that the author has accomplished his purpose. The book is well printed in clear type on good paper and the coloring of the various parts in the plates has been well executed.

The Medical News Pocket Formulary, by E. Quin Thornton, M. D., Assistant Professor of Materia Medica in the Jefferson Medical College, Philadelphia. New (sixth) edition. Leather, wallet shape for the pocket, $1.50 net. Lea Brothers & Co., Philadelphia and New York, 1904.

Professor Thornton has again brought this useful pocket companion thoroughly to date. It is arranged alphabetically and the best therapeutics of the masters is therefore instantly at command in its pages. A peculiar and valuable feature is found in the discriminating annotations. The various

stages and complications of disease require treatment adapted to the conditions they present, and rational and successful therapeusis must recognize this fact. In a few clear words Professor Thornton points out the special utility of each of the various prescriptions recommended under the headings of the respective diseases. The book opens with 16 pages of data which the physician will find useful, such as incompatibles, poisons and antidotes and a table of maximum and minimum doses. With this handy volume in his pocket, the practitioner need never feel at a loss for a pertinent suggestion.

Lucrative Tricks—How Professional Beggars Base Their Appeals on the Pubilc's Emotions.

Never do pan-handlers make the mistake of appealing to the reason—the emotions of the crowd only are attacked; there is always a complete human story in the pose. What, for instance, could be more compelling of sympathy than the spectacle of the bent old grayhead patiently and despairingly, as it seemed, grinding a wheezy old organ which he had tied into a broken down baby carriage? The suggestiveness of that perambulator, coupled with the wails of that organ, more forlorn than mortal child ever uttered, was worth dollars a day to the old fellow. It was art, reprehensible art, of course, but art, nevertheless. And the artist grew rich, for when investigated by the police he was found to be the owner of many houses in Hoboken.

Again, could there be anything more likely to excite compassion than the crust-throwing trick? It was invented by a German beggar, named Lang, whose French disciple, Lemaire, practised it subsequently. I have seen a crust-thrower operating in Sixth avenue. It was before the time of this investigation. He was a semi-well-dressed man who walked swiftly down through the crowds of shoppers. Suddenly he uttered a hoarse cry and darted out into the roadway, where, pouncing upon a crust of bread (which he had thrown there previously), he began gnawing it ravenously. He did not wait for sympathy. He walked rapidly away, but a number of women who saw the act ran after him and crowded one another for the privilege of giving him money.—Theodore Waters in "Six Weeks in Beggardom," *Everybody's Magazine* for January.

Japan Today, by James A. B. Scherer, Ph. D., formerly teacher of English in the Government School at Saga, Japan; now President of Newberry College, South Carolina; Author of "Four Princes, or the Growth of a Kingdom," illustrated, J. B. Lippincott & Co., Philadelphia, Pa.., $1.50, net; postpaid, $1.65.

Perhaps we cannot do better, in the small space allowed us, than to mention the titles of the chapters as found in the table of contents: I, The Cynosure; II, Sunrise Land; III, Views Awheel; IV, Glimpses of Home Life; V, The Awful Japanese Language; VI, Sermons Garnished with Smiles; VII, Life in the South; VIII, the People of the North; IX, Japanese Traits; X, An Opener of Gates; XI, The Gates of Asia; or the Larger Meaning of the War.

The volume of nearly 350 pages is replete with matters of great interest, particularly at this time, when all thinking minds are seeking correct information regarding the doughty Jap and his lovely Japan. In this volume we have recorded the observations of a trained mind, in a style that is as attractive as a novel and at the same time as instructive as a text book.

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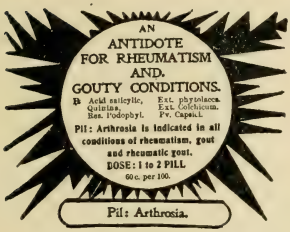
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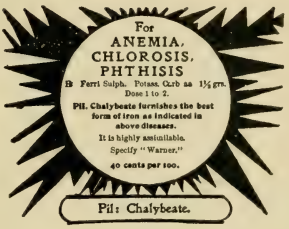

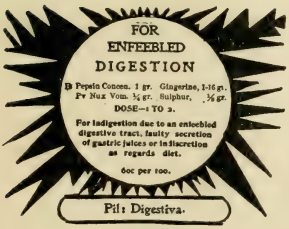
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Tapeworm.

There are two principal varieties of tapeworm in man, the tinea solium, the pork tapeworm, and the tinea saginatta or beef tapeworm. The latter is much more common in this country, while the former is more common in the continental countries of Europe. The presence of either in the intestinal canal of man may cause no symptoms whatever, and knowledge of their presence is made manifest only when a segment or series of segments appear in the stool. In other cases they give rise to an abnormal or ravenous appetite on account of their interference with digestion and assimilation of food. In other cases still reflex nervous disturbances may arise. Before outlining a treatment of tapeworm the general condition of the patient must be considered. If heart lesions are present and the patient has reached the age when changes in the heart muscle have taken place, care must be observed not to give those preparations which tend to depress and to produce too strong irritation to the gastrointestinal mucous membrane. Where marked arteriosclerosis is present those preparations which tend to produce the least amount of vomiting should be administered. It must also be remembered that those tæniafuges which produce the greatest subjective disturbances do not, in most cases, constitute the best treatment. On the other hand, it is sometimes necessary to employ these drastic measures before the entire worm can be removed. After the patient's physical condition has been ascertained he should be put on a modified diet for two days, during which time the intestinal tract must be cleared, and on the evening previous to administering the vermifuge a good cathartic must be given and the following morning the preparation given while fasting, as the head is then in a state of least protection. This should be followed in a few hours by another laxative. The patient may then be allowed to eat food which will tend to increase intestinal peristalsis. Herring salad combined with onions and garlic is recommended by some authors, given the evening before the administration of the tæniafuge. No breakfast should be taken and the medicine should be given while the patient is still in bed and repeated as necessary. The recumbent position is in most cases necessary in order to prevent nausea and vomiting as well as the vertigo which frequently accompanies their administration. The purgative to be used after giving the anthelmintic depends to a great extent on the physical condition of the patient. Senna, jalap, calomel, saline laxatives or castor oil, or any one of these, as a rule, may serve the purpose. The infusion of senna made up as follows has been recommended:

℞

Pulv. sennæ ℥ fol .....ziiss-iii 10-12|
Aquæ.....Ziii 90|

M. Fiat infusum. Sig.; The entire amount sweetened with an ounce of the syrup of bitter orange peel, to be taken at one dose one hour after the anthelmintic.

Should this fail to act within one or two hours, a purgative enema should be given. For this purpose Berenger-Feaud recommends the following combination:

℞

Pulv. sennæ.....ziiss-ziii 10-12|
Sodii sulp. .....zx 40|
Aquæ .....Zviii 240|

M. Sig. To be given as an enema.

When The Appetite is Lost

or impaired and the ordinary foods arouse no desire for eating, the gastric functions are correspondingly affected; for, according to Pawlow, appetite "is the strongest of all stimuli to the digestive glands."

The restoration of appetite means the restoration of normal gustatory sensations which can only be accomplished by strongly stimulating the gustatory apparatus. (Pawlow).

Ext. carnis fl. comp. (Colden) contains the stimuli that will most quickly and effectively arouse the gustatory organs and excite the digestive glands. By its use the food will be better digested, metabolism stimulated, and a general feeling of well-being produced. Dose: Wineglassful twenty minutes before meals. Sold by all druggists. Write for literature.

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The following preparations have been found to be the most successful in getting rid of etniæ: Pomegranate, male fern, kousso, pelletierin sulphate of tannate (the alkaloid of pomegranate), kamala, turpentine, pumpkin seeds and thymol.

PEPO.

The use of pumpkin seeds in the removal of tapeworm is as effective as it is simple. Like too many preparations, however, their efficiency depends to a great extent on where they are purchased. They should be obtained from a reliable seed firm in order to insure their strength. About two ounces should be hulled, thoroughly crushed to a fine powder, mixed with a small amount of honey and spread on a thin piece of bread and eaten as an ordinary sandwich. This should be followed in one or two hours by one of the cathartics previously mentioned. Some authors recommend an infusion or decoction of pumpkin seed instead of the foregoing preparation. This is a mild teniacide and can be given to children in one or two ounce doses. Pumpkin seed is dependent on a resinous principle, peporesin, as supposed by some, but this has not been definitely proved. It is a harmless remedy and can be repeated without danger in case of failure on first trial.

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Books Received.

SIMON'S PHYSIOLOGICAL CHEMISTRY, a Text Book of Physiological Chemistry for Students and Practitioners of Medicine, by Charles E. Simon, M. D., late resident Physician of Johns Hopkins Hospital, Author Simon's Clinical Diagnosis, etc. New (2d) edition. Revised and enlarged. Octavo, 500 pages. Cloth, $3.25 net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1904.

INTERNATIONAL CLINICSS Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles. Edited by A. O. J. Kelly, A. M., M. D., (and others.) Vol. IV, Thirteenth Series, 1904. Philadelphia, J. B. Lippincott Co., 1904. vi, 321 pp., 6 pl. 8vo. Price: Cloth, $2.

MEDICAL LABORATORY METHODS, by Herbert French, M. A., M. D. W. T. Keener & Co., 98 Wabash avenue, Chicago, Ill. Cloth, $1.50.

LIGHT ENERGY—Its Physics, Physiological and Therapeutic Application, by Margaret A. Cleaves, M. D. From the Press of Rebman Company, New York.

Proof.

Hix—Did he take the doctor's advice?

Dix—Yes, and he took his medicine, too.

Hix—How do you know?

Dix—He's dead.

What's in a Name?—"A new doctor nas moved in next door, but his very name would kill his business." "What is it?" "Phil Graves."

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TO YOUR TENTS, O, ISRAEL!

The Colleges of Osteopathy will make a determined effort to induce our Legislature, that is now in session, to pass a bill creating an "Examining Board in Osteopathy," and thus make North Carolina a market for their products. Any person, man or woman, who has sufficient knowledge of the elementary branches of medicine to warrant their attempting to advise the ailing and sick, can obtain a license, under the present law, to practice Osteopathy—hence, no change is needed, unless it be the purpose of the Osteopathic Schools to "throw wide open the gates" and let any one practice who will pay their tuition fees. It goes without saying that the "campaign of education" of the members of the present Legislature, which began as soon as their election was known, by means of literature, showing the "great virtues of Osteopathy and its lasting benefit to our race," is not conducted by the Osteopaths now practicing in the State, but by the Schools, that must find a field for their graduates (?) or go out of business.

Let the bill become law, and our State, that has stood at the head in matters pertaining to the protection of her people from the ignorant pretender, steps back fifty years, and in an incredably short time will be flooded with advertising quacks, fleecing the people under the guise of Osteopathy.

Write your members to defeat the bill.

Clipped Largely from the Medical Age, Detroit, Mich.

Dr. Nicholas Senn has returned from his trip around the world.

The University of Pennsylvania has just completed, at a cost of $7000, the equipment of the new medical laboratories.

The German Supreme Court forbids the use of the title "Doctor" in Germany, when granted in the United States.

The German emperor is again reported to be suffering from a return of his throat trouble, and it is said that another operation will be necessary.

The government weather bureau for Texas has issued a map showing that the boll weevil spread considerably in northern Texas during the month of October.

The Civil Service Commission has decided that hereafter persons suffering from consumption will not be employed in the postoffice or in any other government position from which they are likely to spread the disease.

"Coffee heart" is a term lately added by medical examiners for life insurance companies to their regular classification of the functional derangements of that organ. Its effect is in the shortening of the long beat of the heart.

In Tokio, it is said, a million people go to the public baths every day, besides thousands who frequent private baths. The houses are raised above the ground and have no cellars. The infant death rate is lower than in America or Europe.

The Pennsylvania Railroad has just adopted a plan for providing first aid to the injured. It consists of equipping all baggage, mail, express, construction and wrecking cars, terminals, yard offices, shops and important stations with stretchers; and locomotives, yard offices, shops and important statoins with "first-aid boxes."

The Mississippi Valley Medical Association at its recent annual meeting at Cincinnati elected Dr. Bransford Lewis, of St. Louis, Mo., president; Dr. Frank Norbury, of Jacksonville, Ill., first vice president; Dr. J. S. Carstens, of Detroit, second vice president; Dr. S. C. Stanton, of Chicago, treasurer; and Dr. Henry Enos Tuley, of

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Louisville, secretary. Indianapolis was selected as the next place of meeting.

An edict by the Czar has been enacted since the birth of his son, to the effect that the families of physicians are entitled to a pension when the physician succumbed to infection acquired while in the public service fighting an epidemic.

Frost bite on the hands and feet has been treated successfully by Beray for several years with applications of 70 per cent. alcohol. With this he saturates gauze 8 layers in thickness. This is covered with a perforated protective material, and then with a bandage.

The plush seat covering ordinarily used by the railway and street car systems of the country has been placed under State ban in Kentucky. The Board of Health will indict every railroad management that does not henceforth employ leather or cane seat covering in coaches.

Reports from all parts of the British Empire show, says the *Journal of the American Medical Association,* that the anti-mosquito campaign is being carried on with the most gratifying success. At the opening meeting of the Royal Colonial Institute, Major Ronald Ross pointed out that in the once deadly colony of Lagos, thanks to the zeal of Sir W. MacGregor, the governor, who is a doctor, malaria has lost its terrors. The difficulties to be contended with were great, for Lagos itself is built on a low, swamp territory, and surrounded by dense forests. But perhaps the most striking and rapid results have been obtained at Ismailia, on the Suez Canal. In a little over six months one class of mosquitoes was practically banished from the town, and coincidentally the amount of malarial fever diminished. In the first six months of the present year there were only three cases in hospital, against fifty-two for the same period of last year.

DOCTOR: If you will be true to yourself and your profession, this is your solemn obligation for 1905

TO prescribe the right thing, at the right time, in the right dose, and stop it at the right time; to do this better, more accurately than ever before; to see carefully to elimination; to sustain the vitality; to cleanse the alimentary canal; to do my own prescribing and eschew ready-made remedies for the names of diseases; to study each case to the very last possibility, so that no consultant can catch me unprepared; to do my duty by every patient so thoroughly that no other doctor can coax him away from me; to be kind to the sick, merciful to the poor, courteous and strictly ethical to my colleagues, to work for love of the work and of humanity; to develop my resources by increasing my knowledge of pathology and therapeutics so that I never shall give a remedy or make use of an expedient without a clear comprehension of what it will do and why I do it; and to be satisfied with nothing short of perfection (as far as perfection is possible) in my work

The day of incongruous and incompatible pharmacy is past. It is up to the doctor, to ascertain exactly what is the pathologic condition. This is his first duty. His next duty is to ascertain what remedial agent will most nearly meet the condition; and, then, his third duty is to administer the indicated remedy until exactly the required quantity has been taken to produce exactly the result desired.

Will anyone deny that these duties are incumbent upon him who would practise medicine with an exactness worthy of his calling? Will anyone claim that this can be accomplished without exact remedies? Will anyone deny that the "most exact" are the very active principles in definite quantity on the presence of which (in dangerous because ever-varying proportions) the efficiency or inefficiency of all drugs depends?

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A bill was passed at the last session of the Georgia State Legislature creating a commission for the study and investigation of tuberculosis in the State. The commission will be composed of one physician from each congressional district and ten from the from the State at large. The commissioners are to investigate the prevalence of the disease in the State, and to suggest such measures as may tend to check its spread and safeguard the public against infection. The members of the commission are to be appointed by the governor.

The tea cigarette, London physicians declare, has taken the place of the morphine tablet with many women of the smart set. The result is summarized by a well-known physician, who said: "I have at least a dozen women on my hands under cure for the tea cigarette habit. Once let a woman begin to cultivate a taste for this compound of black and green tea flavors, and she is doomed. The taste is by no means disagreeable, but the after-effects are that 'one's head swims,' there is a desire to clutch at things to prevent falling, a dazed condition, semi- stupor and then visions of an extravagant nature. Within the last two weeks upward of twenty women have been taken to private sanitariums suffering from the effects of this indulgence.—*Medical Times.*

A pow-wow doctor has been discovered in Philadelphia during an investigation by Coroner Dugan into the cause of death of a child aged four months. The treatment consisted of rubbing the child with the dirt side of a piece of sod, and subsequently with the grass side. The child's clothes were then to be shaken out of the window and never used again, and the child was to be kept out of doors all day. The "doctor" is a blacksmith by trade, and alleges that he was taught by his mother how to cure disease. There is no law in Pennsylvania which will reach the case.—*Medical Times.*

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Professor Homalaeya has been lecturing in Baku and Saratoff on the necessity of maintaining the struggle against the probably hidden forces of cholera all through the winter, warning his hearers that the bacteria of cholera have the quality of retaining their vitality during long periods of cold weather, and of initiating an epidemic in the spring without the assistance of an infection from distant districts. "I am profoundly convinced," he concludes, "that it is necessary to continue the struggle with the epidemic the whole winter through without intermission even to the smallest degree."

The Interstate Commerce Commission reports that in the year ending June 30, 1903, the number of persons killed by railroad accidents in the United States was 9840, and the number injured was 76,553, making a total of 86,393 casualties. One employe in every 364 was killed, and one in every 22 was injured. These statistics compare favorably with those given by British authorities. England had 22,162 miles of railway in 1903, and the casualties in the United Kingdom per 1000 miles were 841.6; the United States had 202,471 miles of railway, and the casualties per 1000 miles were 268.6.

Disease and Poisoning.—Lewin says that there is no essential difference in the effects upon organs between disease and poisoning. Statistics on poisoning due to occupations are very incomplete, since the causal factor is often not known or considered when the disease is being treated. The author urges more energetic measures against the trades in which poisoning of employes is common.—*N. Y. Medical Journal.*

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In, therefore, writing a prescription to meet the conditions, recognized authorities combine BALSAMICS with a heart stimulant—CHLORIC ETHER for choice; to this, the addition of HYDROCYANIC ACID sufficient to allay irritation, a modicum of TARTAR EMETIC to increase expectoration, and—not unimportantly—AROMATICS to preserve stomach equilibrium.

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The government recognizes the necessity by providing the post master with printed forms on which to notify publishers that a subscriber wishes to discontinue his journal. The great majority of doctors are busy men, and their work prevents the formation of regular habits, hence it is a great convenience to them to have their journals come right along without interruption. Our experience is that fully 95 per cent. of our subscribers prefer this method.

For some years we have taken all subscriptions on the "T. F." plan—that is, to run until forbid; and we notify each and every subscriber when his subscription expires. He is thus given an opportunity to cancel if he so desires. Experience teaches us that this plan works to the interest of both subscriber and publisher, and we solicit the co-operation of all our subscribers along this line, viz: to ask discontinuance of the Journal when you desire its monthly visits to cease.

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A circular issued by the Michigan State Board of Health says: An item has been going the rounds of the press relative to the death of William Taylor, a child, at Port Huron, alleging that "the parents believe that his death was caused by vaccination." But an official report to the secretary of the State Board of Health clearly proves that the alleged belief had no foundation in fact. The report says that a short time after vaccination the child was taken sick with bowel trouble and had no medical attendance, the parents being 'Christian Scientists." After the death of the child the coroner called in a reputable physician, who found that the vaccinated arm, aside from a small scar, was exactly the same as the other, and showed no signs of having been inflamed. The physician and coroner came to the conclusion that the child had died of "enterocolitis"—inflammation of the bowels. It appears that the parents belong to a sect whose members do not believe in vaccination nor in calling in a physician, and undoubtedly would have been pleased to have had the death recorded as due to vaccination, especially as otherwise there is a suspicion as to the effect of the lack of proper medical attendance for the relief of the inflammation of the bowels.

An Eldorado for Quacks.—The medical counsel for the Medical Society of the County of New York recently made the statement that there are no less than 20,000 quacks in New York City, while there are less than 6000 regularly qualified practitioners. All the efforts of the profession to stamp out quackery seem to be fruitless. If the public insists on being gulled by quacks there seems to be nothing to do but to let it.

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According to the *Philadelphia Ledger,* during the last fiscal year the American railways were operated at a cost to passengers and employes of 3787 killed and 51,343 injured in train accidents alone. Here is a loss of life and injury to human beings far in excess of that during our little war with Spain, and exceeding even that of some of the great battles of history, and this sacrifice is due solely to indifference and carelessness and parsimnoy. In Great Britain in 1903 the number killed in train accidents was 36 and the injured 919. This was an increase of 19 in the number of passengers killed, but it should be recalled that 1902 only six passengers were killed, and 1901 none at all. In 1903 there were only 235 collisions and derailments, as against 11,300 in America. The comparative immunity which the British roads enjay is due to the universal adoption of the block system, and the record in America shows conclusively that until this system in one or another of its everal forms is made compulsory in this country the railways will continue to take their annual toll of blood.

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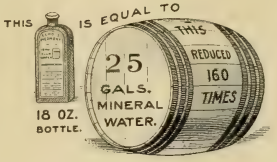

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ORIGINAL COMMUNICATIONS.

Immunity.*

By W. H. Anderson, M. D., Wilson, N. C.

I shall try to give a brief summary of the theories of Immunity, going a little into detail when it comes to Ehrlich's "side chain theory," as it seems to afford the most rational explanation of this phenomenon. Of course I make no claims to originality, either in the subject matter or method of treatment.

I have tried to avoid the complexities of the nomenclature as far as possible, for after struggling with this one feels that somebody has had an attack of mental hysterics. Since several years ago so much was said of the invading micro-organism and everything connected with its attack on the human system it is of some interest to begin to get some light on the defense offered to the attack.

The questions of immunity and infection have occupied the best thoughts of some of the leading scientists for the past century and longer. They are practically agreed that infection is a contest between the invading organism on the one hand, and the resisting tissues of the animal body on the other. The products of the growth of the former are poisonous and with these they wage their war. The tissues have as means of defense substances which are antidotal to these poisons. If the defense is sufficiently strong and vigorous no infection occurs; if they can not neutralize the poisons then infection does occur. When the former takes place the tissues are said to be immune

*Presented to the Seaboard Medical Association of North Carolina and Virginia at its meeting in Washington, N. C., Dec. 6 8, '04

to that particular form of infection.

Immunity denotes that condition of an organism which enables it to resist the attacks of bacteria and their toxic secretion. An animal not susceptible to infection is said to be immune. Immunity is congenital or acquired, rarely absolute but commonly relative. It may be individual or racial (dogs and Algerian sheep are refractive to anthrax; other species of sheep are very susceptible). Also the lower animals are immune to syphilis.

Acquired immunity may be natural, due to previous infection, or artificial, due to, 1st, injections of cultures of specific bacteria virulence reduced, as vaccine of variola and anthrax; 2nd, cultures without bacteria, the living organism having been destroyed, 1st, by heat; 2nd, by filtered cultures; 3rd, serum of animals rendered immune by these methods. The first three are active and permanent, the last passive and temporary.

In some cases animals are immune both to the infecting bacteria and the specific toxine (rats are immune to the bacillus of diphtheria and its toxine). More often they are resistent to the bacteria but susceptible to the toxine (guinea pig and tetanus). However, the reverse is true at times, as tuberculine is without effect on the healthy animal, the same animal being susceptible to tuberculous infection. Most commonly natural immunity exists toward the infecting microbe and not its toxine.

In many cases the fluids of the animal organism prevent growth (inhibitory action) or wholly destroy the bacteria (bactericidal action). This coexistence of bactericidal power of blood and immunity was supposed by many to be the general explanation of the mechanism of immunity. This leads up to the theories of immunity.

It was thought for a time that the death of animals was due to the mechanical plugging of the blood vessels, because, in an animal dead from anthrax, the post mortem showed the blood vessels filled with the germs. It was soon discovered that death was due not to mechanical plugging but to the poisons elaborated by the germs in their growth. In diphtheria infection the germs are local but the toxines are throughout the system.

In 1880 Chaveau advanced the theory that immunity to certain diseases was due to the retention of bacterial products, or such products were deposited in the tissues, these products being inimical to the development of the same infecting organism in the future.

Pasteur advanced a theory that immunity was due to the abstraction from the tissues by the infecting organism in their primary attack of something necessary to the growth of the infecting organism should it again gain entrance into the body. These are of historic interest only.

Over a century ago Hunter discovered some antiseptic property of blood. A small amount of putrefying matter added to fresh blood did not produce putrefaction. The full significance of this was realized in 1888, when Nutall began the study of the bactericidal properties of the body fluids, especially blood serum.

Then came Metschnikoff with his theory of phagocytosis. This theory held the boards for awhile and was considered the most rational explanation of immunity. The phenomenon of the attacking bacteria and the leucocytes, or wandering cells of the body, rushing to

the defense of the tissues wherever needed was actually demonstrated. These leucocytes were seen with the bacteria actually incorporated, apparently ending the career of that particular bacteria. However Pheiffer showed in 1894 that there was an extra cellular solution and disintegration of the cholera spirilla in the peritoneal cavity of an immune guinea pig. Later it was shown that the bacteria were rendered almost inert before the leucocytes did their work.

After this came Behring with his great discovery of antitoxin immunity. He showed that it was possible not only to render animals immune by inoculation with organisms attenuated in virulence, but that the serum of the blood of these animals affords immunity when injected into the peritoneal cavity of other animals not so protected. Moreover, this serum possessed curative powers over the disease after it had been in progress some time. To further prove its power he showed that the serum of blood of animals not immunized possessed no such power.

Bachner's theory was that there was a reactive change in the tissues due to the products of bacteria, this substance affording immunity. Finally, Ehrlich brought the matter from the field of speculation and planted it on a solid foundation on which others have been building.

For an explanation of immunity the field of cellular pathlogy has been exhausted and all the achievements with the microscope and the discoveries in bacteriology have been utilized. But we have to go into the realm of chemistry, where the reactions are so delicate and the processes are so far beyond our present methods of investigation that we know only the results. It is then in the field of chemistry that the solution seems to lie.

A number of investigators differentiated a series of antibodies classified as antitoxines, antienzymes, cytotoxines, agglutinins, precipitatins and coagulins. Antibodies were in turn produced by these, except antitoxine. They found that for every cellular group of an animal species there appears to be a cytotoxin, various termed leucotoxin, neurotoxin, spermotoxin, etc. These antibodies are divided into two groups, the antitoxines, which are single bodies, and the cytolysins, consisting of two bodies.

Of these two bodies, the one which destroys the foreign cell is normally present, but is incapable of action without the co-operation and assistance of the other. The first of these is thermolabile, while the second is thermostable, being more resistant to heat.

It was Ehrlich who advanced the theory or receptors or side chains to complete this theory and explain the mode of action and constitution of specific bodies. It was shown that certain molecular groups of the living protoplasm take up certain poison, and these particular molecular groups were called by him receptors. This is not all, however, to quote, "the receptors are in the cells not for the purpose of linking poison to the cells but to seize the food stuffs, especially proteids, etc." In addition to this, if toxines or bacterial substances or cellular substances have the proper combining affinity they unite with the receptors. Also the toxines and bacterial substances possess the requisite combining affinity if they are capable of inducing an immunizing reaction.

In the process of cytolysis or cell destruction, either of animal or bacterial

cells, there are three bodies—the cell with its receptors; the thermostable body, or, amboceptor, and the thermolabile body or complement. Now, as has been stated, the cytolytic and bacteriolytic serum contains two substances, the amboceptor and the complement. When the opportunity presents itself the amboceptor combines with the cell, animal or bacterial, for which it is specific or has the requisite combining affinity, gaining entrance through the receptors of this cell. After the amboceptor gains entrance to the cell through the receptor then the complement can join the cell and produce its solution. The complement, however, cannot do its work until after the amboceptor has joined it to the cell.

The amboceptor is understood to be made up of definite molecular groups having a special affinity. These binding groups are called haptophores. The group with affinity for the cell is called cytophilous, while that with affinity for the complement is the complementophilous group of haptophores.

The amboceptor can undergo degeneration, losing its binding group either for the cell or for the complement. It is then called an amboceptoid. In the same way the complement, which is the digestive and destructive substance of an immune serum, can undergo degeneration, and while it is not able to cause lysis yet it can unite with the amboceptor, in this way using up the amboceptors and preventing the active complements which may be present from coming into play. The degenerated complement is called complementoid—so, a destructive action on cells may be prevented at times if an amboceptoid or complementoid is present.

As the amboceptor has a group that combines with the cell and one for the complement, so, too, the complement is complex. On the one hand it combines with the amboceptor, while on the other hand there is the active digestive part which produces the solution of the cell. This latter is called the toxophore.

According to the cells acted upon the various sera are called bacteriolysin, hemolysin, leucolysin, endotheliolysin, etc. In all of these sera the amboceptors are the specific elements. For a special group of the molecules which go to make it up must have a proper combining affinity for the receptors of the special cells before such cells can be acted on by the toxophores of the complement. The living body possesses bactericidal and cytolytic substances which may destroy invading bacteria or its own cells, according to the mates with which they are paired.

As has been stated, the complement or destructive agent is normally present, while the amboceptor with its specific combining quality is formed by the cells in a special effort to protect themselves. The amboceptors are formed as follows: The cells introduced into the animal to which it adapts itself lead through union with such body cell receptors as may be fitted to them, to the overproduction of these special complex receptors. These are cast off and float free in the body fluids as amboceptors. That such adaptation does takes place has been proved.

The first step towards the proof of this was the adaptation of one animal to the red blood cells of another species. It was known at first that the blood serum of the animal introduced into the vessels of another would cause serious damage through the rapid separation of hemoglobin from the red blood corpuscles. This finally led to

experiments. The blood serum of guinea pigs is not normally lytic for the red blood corpuscles of rabbits. After introducing the whipped blood of the rabbit, containing serum and red blood cells, into the peritoneal cavity of guinea pigs, and repeating at intervals for several days for four or five times, the serum of the guinea pig was found to be markedly lytic for the red blood cells of the rabbit.

This adaptation of one animal to the red blood cells of another is specific. In other words, the lytic serum of the guinea pig is not destructive to the red blood corpuscles of another species.

That the action of this lytic serum is due to two substances has been proved, for if heated to 56 degrees C. for 30 minutes it is no longer lytic, one of the substances being thermolabile. Now, if fresh blood serum of normal guinea pig is added to the inert heated serum, its former lytic power for the red blood corpuscles of the rabbit is restored. This shows that the substance which exists in normal serum is rendered inert at 56 degrees C., while the substance rerusting from adaptation of the animal to alien blood is stable at 56 degrees C., it shows that the lytic action is dependent on the two substances. The thermolabile substance, which is the amboceptor, is formed in excess and may float free.

This artificial hemolysis by adaptation of one animal to the red blood corpuscles of another is analagous to bacteriolysis, both being examples of cytolysis or cell destruction. It has been proved that the blood does develop a cytolytic capacity by adaptation to bacteria as well as to alien red blood cells. Spermotoxic, leucolytic, hepatolytic, nephrolytic, pancreolytic, neurolytic, sera, etc., are analogous to hemolytic sera. If these cytolytic sera are introduced into the living bodies of the animal from which they are derived the cells respond as to a toxine and form antitoxine. For example, if the lytic blood serum of the guinea pig is introduced into the body of the rabbit the cells of the latter produce antitoxic or antihemolytic substance. Now, when this antihemolytic serum is mixed with the lytic serum the latter loses its destructive power, as does the diphtheria toxine when mixed with antitoxine.

Of the two substances mentioned in cyolytic sera the thermostabile substance resulting from adaptation is the amboceptor, while the thermolabile substance existing in normal serum is the complement.

As has been said, the amboceptor is supposed to possess the specific combining quality, while the complement produces the solution of the cell. The amboceptor has two combining or haptophorus groups, one for the cell and the other for the complement. The complement is made up of the haptophorous group, which combines with the amboceptor and a toxophorous group which destroys the cell. It can only destroy, say, a bacterial cell after the amboceptor nas joined the cell, satisfying the combining affinity of the receptor of the cell and in this way allowing the toxophorous group of the complement to do its work, resulting in the destruction of this bacterial cell. The amboceptors are formed by the tissue cells of the animal, while the complements are present normally. The amboceptors have a specific combining affinity for the receptors of the foreign cells, the presence of which causes their formation. The amboceptors combine with the receptors of this cell, linking

to the cell the complement which accomplishes its destruction. So much for cytolysis.

In the production of antitoxine the following takes place: The dramatis personæ of this mimic conflict, or rather real warfare, are the normal cells of the body tissues, consisting of a central molecular grouping of protoplasmic substance provided with receptors whose every day function is to unite with food substances which can satisfy its combining affinity, thereby incorporating food stuffs into the cells. The combining affinity of this receptor is specific, so when a toxic molecule of the specific grouping necessary to satisfy the combining affinity of the receptor of the cell comes in contact with it there is a chemical union. This toxic molecule is made up of two groups with different functions. The combining or haptophorous group unites with the receptor of the cell for which it is specific, while the toxophorous group executes the destruction of the receptor and cell. If the body cell should not be totally destroyed it begins a proliferation of receptors of which there are a superabundance formed just as the proliferation of connective tissue follows the destruction of parenchyma. These additional and extra receptors are cast off into the blood where they float in the serum. Of course they retain their specific combining quality and are so to speak eager for an opportunity. If now a toxic molecule capable of satisfying the combining affinity of these floating receptors should happen this way a chemical union would result with no damage done, for the combining affinity of the toxic molecule would be satisfied as well as that of the receptor and now that the receptor is free from the parent cell there is absolutely nothing for the toxophore to destroy. The toxophorous group of the toxic molecule can do but one thing which it usually does well and that is destroy. It can not combine with the receptor of the cell and no matter how eager it may be it can only do its work through the good offices of the haptophorous group. It can not get at the cell until it has been joined to it by the haptophore.

So antitoxin is a single substance, that is, receptors floating free in the serum. It acts by preventing the toxophorous group of the toxic molecule from being joined to the vulnerable cell. The original receptor or side chain is not antitoxine, but rather the reverse for it serves to attach the toxic molecule to the cell thereby exposing it to the action of the toxophore. It is after the receptor is liberated from the parent cell and is in the blood plasma that it becomes antitoxine. To quote Behrings definition of Ehrlichs antitoxine theory "the same substance which when incorporated in the cells of the living body is the prerequisite and condition for an intoxication becomes the means of cure when it exists in the circulating blood.

Since this theory has been elaborated the possibilities of serum therapy seem unlimited.

An exchange says: "Habitual drunkards after conviction in Montreal, Quebec, are now given the option of paying a fine, undergoing imprisonment, or taking a certain cure. At present there are twenty-two under treatment, ten at their homes and twelve in jail. Each patient is expected to take sixteen doses of the prescribed medicine each day, and is warned not to drink any intoxicating liquors during the time of trial."

Serum Therapy.

By W. T. Parrott, M. D., Kinston, N. C.

While I am not pessimistic as regards medicine proper, I recall my prestudent days, when my enthusiasm for the art was more ardent and my confidence in matters medical more sanguine. A rigid interne service and close observation at the bed side greatly shattered some Utopian confidences in drugs. I would have it understood, however, that I am a loyal adherent to drugs, when properly indicated and administered, but a better known etiology and pathology indicates certainly more radical treatment in special maladys and the pathway seems to lead towards Serum-Therapy. The strongest argument encouraging the serums, is based upon the great principle of immunity, evidence of which are daily seen by the observant physician.

Once when a growing epidemic of Cerebro-Spinal Meningitis brought disheartening defeat to all the therapeutic measures employed by our hospital staff I was greatly impressed by a suggestion that a transfusion done early from a recent recovered patient to one with the initial malady some inhibitory or even curative results might be obtained and upon this fundamental hypothesis must come the treatment if we ever hope to find a treatment for this virulent malady. I, as every other physician, who has observed much cerebro spinal meningitis has been impressed with the futility of drugs, except of course, those relieving in a symptomatic way, and considering its pathologic lessons, we can never expect to cope with it in a medical way. Not until the diplococcus is better known and a virus produced can we hope to influence the dread course of the malady.

Jenner's method, crude though it was and unscientifically discovered,gave the world the first and only great means of baffling smallpox and while a step in the right direction, yet still a very incipient one and with a knowledge of the organism I doubt not that the years will give us a direct serum treatment for the disease already acquired.

As regards vaccine virus I beg to attest to the value and superiority of the old New England point over the newer and less effective glycerinated bulb. Seven or eight years ago, before I ever saw a glycerinated tube my percentage of takes with asceptic points were very large and more satisfactory than those I have gotten with the socalled improved methods. I invariably prefer the points and attribute their superiority principally to the massage required in their use. Frequently I have obtained a reaction from vaccination by requiring gentle massage, two or three times daily after the first day when previous vaccinations have failed without this simple method. In July, 1903, I was shown a very unique case by Dr. F. H. Holmes, which thoroughly demonstrated the value of massage after vaccination.

Case:—Gentleman,, age about 38, vaccinated year ago with no reaction. Recently in conversation with a friend, his arm was pinched over the arena vaccinated a year ago; it became sore, febile reaction and characteristic vaccine scar resulted.

Typhoid fever is another malady which will eventually yield to serum treatment. The Widal reaction has given us in 95 per cent. of the cases an

*Presented to the Seaboard Medical Association of North Carolina and Virginia at its meeting in Washington, N. C., Dec. 6-8, 1904.

accurate diagnosis and why not an eventual cure?

I have recently employed Prof. Paine's anti-pneumococcic serum, with, I think, good results, though in pneumonia it is hard to determine the value of any particular line of treatment and I shall remain a skeptic until accumulated testimony and experience shall have more thoroughly demonstrated its worth. One winter all my cases got well under iron, warm air and nuclenic acid. The next winter, all died under the same treatment. Each year studying with honest endeavor last year's literature and learned treatment in the great medical centers, I have each time been disappointed and abandoned them all. Welch in his great article on pneumotoxin and anti-pneumotoxin laid the foundation for the lifting of the subject out of empicicism and tradition and I believe the serum given as by Prof. Pain on the right line. The serum being designed of course for lobar pneumonia cannot be expected to so happily act in broncho or catarrhal pneumonia (catarrhal pneumonia caused from a variety of bacteria while the pneumococus present even in 20 per cent healthy throats, so is the Klebs Loeffer bacilla present when diphtheria is absent.) In the two reported cases below, I am more than certain of the existence of true lobar pneumonia.

The serums can do no harm, however, and any accessory medical treatment can in the meantime be employed. In any specific treatment for pneumonia I should be unwilling to give up my old pneumonia jacket, fresh hot air, strychnine and whiskey, and they have been employed in the following named cases:

Case 1. Child, age 11 years old; first day chill, rusty prune juice expectoration, much cough, temperature 104, pulse 130; diagnosis on second day of pneumonia; lower lobe right lung being involved, most probably also the left. Twenty cc serum were administered with a drop in temperature and pulse rate in ten hours with all other symptoms ameliorated. Case made good recovery.

Case 2. Young man, age 20; first day temperature 105, pulse rate 140, much cough, expectoration profuse and bloody. Some pain in right lung; diagnosis, pneumonia. Twenty cc were given with decided amelioration of the symptoms. Temperature was normal on the fifth day and convalesence assured. In mixed infections I believe antistreptococcic serum of value and it might be used co-jointly as regards antiseptic serum. My experience is limited in puerpural fever, and I regret to state that no striking or pronounced results were obtained. I believe, however, in a purely streptococci infection, its effect would be marked. My friend, Dr. J. L. Nicholson, who has recently employed it in a number of cases of puerpural fever concurs in the above estimate. To administer the serum intelligently the product should be a mixed strain of streptococci, fresh, and most of all you must demonstrate the existence of streptococci as the causative factor. The greatest drawback to serum therapy is in the fact that they are usually used as a "dernier resort," and then usually too late. As regards diphtheritic serum, the subject is too threadbare to be discussed. We with one accord agree to its merit. I have no sympathy with the idea that any mal after effects are produced if a pure product is secured and its administration properly done. I believe in much larger doses than that usually

advised and think Holt has the correct idea as regards its early use and in large quantities. Digressing, I beg here to call your attention to a very simple test given me by Prof. A. E. Pinch some years ago, which is as follows: Take a boiled egg, cut off the top, smear little contents of swab on it and turn it up in an egg glass and let it stay 12 to 18 hours at temperature 37 C, then take a little culture and stain by Grams method. Confirm with Loeffler's stain. This test can really be made at a private residence. With it a country doctor can often arrive at a positive diagnosis much earlier than the time consumed in sending his specimen to the laboratory and then waiting for a report. In most cases a diagnosis can be arrived at in 12 hours and I always feel surer than when I send to an unknown biologist.

The intravenous injection is my preference in laryngeal cases where its speedy influence is desired. In country practice I have obtained most excellent results in a few cases given per rectum, asceptic hypodermoclysis being out of the question. By the stomach my results have not been encouraging, probably on account of the cataholic action of the digestive system. I consider the American serums fully equal if not superior to any of the foreign products with which I am acquainted. My experience with antidysentiric serums has been quite limited and I have as yet no well established opinion clinically as to its worth. I have, however, employed it once as a last resort, my case morbund at the time of administration and dying six hours after. I believe two serums usually necessary, one for the Sciigo or non acid group and one from the Manilla or acid group, and then a differential diagnosis made of the bacteria before an intelligent administration of the serum can be made.

In tuberculosis two methods are pursued, both having its adherents. The tuberculin R, which depends upon products formed by the bacteria in abnormal culture media artificially given, and secondly the so called anti-tuberculin, which has as its culture media an animal (usually the horse) and is in reality the true serum. Fundamentally they are the same, the culture media making the only difference. With the neuclenis I am unfamiliar. With VanRuch extract, I am well pleased and consider that it has received some unjust criticisms. Over fibrous and caseous leisions the producer does not even claim results, but upon recent living tubercles I have no doubt as to actual resolution. I would not advise its use entirely to the exclusion of climatic and dietetic measures, though co-jointly used its influence is quite perceptible. It has brought surprising results to me even here in Eastern North Carolina. I have lost one case with the watery extract in which I never obtained any amelioration of symptoms, though in five others in which I have used it, the results were in each substantiated with the crude tuberculin test.

Beri-Beri in America.—Two cases of beri-beri were discovered at the quarantine station at Marcus Hook January 8. The vessel came from Koanapali, Hawaiian Islands. The men were placed in the quarantine hospital and the crew in the detention wards and the ship was fumigated. This is the second time within a year that beri-beri has been discovered at the Philadelphia quarantine station.

The Pupil in "Pink Eye"—Iritis and Glaucoma.

By W. H. Wakefield, M. D., Charlotte.

It has been my experience to see, quite frequently, cases of iritis that have been mistaken for conjunctivitis, and cases of glaucoma treated for iritis, with disastrous results always. All three of these maladies often present apparently similar diffused hyperæmia of the ocular conjunctiva, and to those not accustomed to closely observing the eye in its various diseased conditions the differential diagnosis between these conditions is often a lucky (or unlucky) guess.

In all three diseases the hyperæmic condition of the eye suggests the popular diagnosis of "pink eye." The patient and his friends readily observe that the eye is "pink," but the doctor to whose care the treatment of the case is entrusted should look deeper than merely to note the reddened condition. In all cases of congested eyeballs the practitioner should study the condition of the pupil, and every one who undertakes to advise regarding the treatment of diseased eyes should learn how to observe the pupil in ordinary daylight and also by means of a lamp and oblique illumination. In studying the pupil it must be remembered that in the child and young adults the pupil is large and very mobile, while in the old it is small and comparatively rigid. In "pink eye" pure and simple expect a normal pupil, or one only a little contracted, but responding to light—that is, contracting when a glare of light is thrown on it, and dilating in the dark.

In iritis expect to find a pupil contracted, responding in recent cases sluggishly to light or not at all, and in cases in which the inflammation has been present sufficiently long to permit the formation of adhesions between the lens and iris, you generally find no pupiliary movement in the light.

It is well to always keep in mind that if you find a somewhat dilated pupil in elderly persons, in connection with a reddened eye, you have in all probability a case of glaucoma to deal with. There are other points that should command attention. In conjunctivitis the discharge is gummy in character, and the pain usually not a marked feature; in iritis the eye "runs hot water" and pain, usually intense pain, is a marked feature, with contracted pupil; in glaucoma (acute) the pupil is dilated and pain, often intense, is neuralgic in character, and as the disease progresses the eyeball becomes hard.

To summarize:

The pupil in youth is larger and more mobile than in the adult.

In "pink eye" the pupil is normal except in bad cases that have existed some time, and the *iris has become congested.*

In iritis the pupil is contracted and sluggish; after adhesions have formed between the pupillary margin and the lens the pupil does *not* respond to light and is not infrequently occluded by inflammatory exudate. In iritis *use atropin early* and persistently.

In glaucoma the pupil is *dilated.* In elderly persons, with inflamed eyes, neuralgic pains in eye and head, *suspect* glaucoma and if the pupil is dilated the diagnosis is made; and *never* use atropin in glaucoma. The drug needed is eserine sulph.

Dr. De Castro, physician at the court of the Emperor Menelik, has presented to the Italian Minister of Foreign Affairs a report in which he states that the practice of vaccination has recently been extensively adopted in Abyssinia.

SELECTED PAPERS.

The Stomach Tube—Its Origin, Use and Abuse.

By L. Amster, M. D., Atlanta, Ga.

Great things that are the means of accomplishing much good are often the cause of much mischief through the abuse to which they are subjected.

Prompted by the knowledge of how indiscriminately the stomach tube is being used, how much suffering and harm is being done daily by this great diagnostic and therapeutic agent, I can not help grasping this opportunity to record my veto against a procedure which is bringing the honest and legitimate practice of diseases of the gastro-intestinal tract into disrepute, and turning the attention of patients and sufferers to nostrums and quackery.

It would be folly to expect of the general practitioner that he be master of the whole subject of every specialty, but there are certain parts and phases with which he ought to be familiar. In gastro-intestinal work, it is the intelligent use of the stomach tube. It is the foundation and corner stone for the diagnosis and treatment of diseases of the stomach and intestines.

Considering its vast importance, it will be interesting to trace its origin.

The English arrogate to themselves the invention of the stomach tube. It is generally assumed that two English surgeons, Jukes and Bush, were the first who used it. With pardonable pride, we are able to refute this claim, by pointing to positive evidence that it was an American physician who first used the stomach tube for therapeutic purposes.

The claims of the English is based upon an article published by Jukes in the *London Medical Repository* of 1822, an abstract of which is found in the *American Medical Recorder* of 1823.

Dr. Physick, an American physician, published a paper in October, 1812, in the *Electric Repertory,* Vol. III, page 111, under the title of "Account of a New Mode of Extracting Poisonous Substances from the Stomach. By Philip S. Physick, M.D., Professor of Surgery in the University of Pennsylvania." The article appeared about ten years before Jukes' article.

Dr. Physick, in his article, describes a case of two children, twins, who had swallowed laudanum and were in an extremely critical condition. The children were unable to swallow an emetic. As under the circumstances no time was to be lost, he determined to inject an emetic into their stomachs. For this purpose a large, flexible, catheter was passed through the mouth, down the esophagus into the stomach, and through this one drachm of ipecacuanha, mixed with water, was quickly passed by means of a common pewter syringe. As no emesis was produced, he drew the fluid contents of the stomach and immediately injected warm water, which was again withdrawn. This procedure was repeated a few times. Then he injected some spirits and water, mixed with a little vinegar. The children reacted, and their lives were saved. He goes on to say that the idea of washing out the stomach with a syringe and tube, in case of poisoning, occurred to him twelve years before and that he had constantly for many years recommended the method in his lectures.

Read before the Tri-State Medical Society.

That the credit of this invention is due Dr. Physick is also shown by Matthews in the *Medical Recorder,* Volume X, 1826, page 325, in an article entitled "Description of an Improved Instrument for Extracting Poison from the Stomach; with some Statements Tending to Establish the Validity of Dr. Physick's Title to the Credit of Having Invented the Stomach-tube."

There are testimonials by three American physicians who attended Dr. Physick's lectures: Isaac Cleaver testifies that he heard Dr. Physick recommend the use of the stomach-tube in 1802-3-4. John D. Thomas attended Dr. Physick's lectures in 1805-6-7, and that in these lectures Dr. Physick exhibited a tube, coated with elastic gum, brought by Dr. Dorsey from Paris and made there by Dr. Physick's order. Benjamin L. Jerry remembered distinctly that in the winter of 1808-9, Dr. Physick informed him that he had an elastic tube brought from Europe by Dr. Dorsey for the purpose of washing out the stomach.

In the year 1803, Dr. Dorsey was in Paris and had made there, by Dr. Physick's order, a tube constituted of the same material as the French catheter. The use of this tube was unknown in Paris and the makers were curious to know what the intention was of so large a catheter.

Dr. Alexander Munro, Jr., an English physician, in his inaugural thesis, published in 1799, suggests the use of the tube in cases of poisoning for the extraction of poison from the stomach, and for the introduction of food in cases of dysphagia, and for extracting gases and food from the stomach in cases of gastric fermentation in cattle. He does not point out, however, that any practical application of the tube was made in cases of poisoning.

Dr. Physick admits that Dr. Munro had made his plan public before his own publication, but he never came across Dr. Munro's publication until after he himself had used the stomach-tube for years. No credit is due to Jukes and Bush, who are generally considered the originators of the stomach-tube. There can be no doubt that the invention and practical application was due to the American.

Apart from previous occasional sporadic efforts to introduce the stomach-tube generally into practice, Kussmaul was the first one who, in the year 1867, demonstrated its high therapeutic value in a number of cases of gastric dilatation. Gradually it found its way into the armamentarium of the physician, until Leube, in 1871, first recommended the stomach-tube for diagnostic purposes.

Not until 1880 did it become firmly established as a diagnostic and therapeutic agent—thereby laying the foundation for the better understanding of gastro-intestinal diseases and their treatment.

For diagnostic purposes the stomach-tube serves:

1. To test the permeability of the esophagus (stricture, foreign bodies).

2. To diagnose certain conditions of the esophagus, as dilatation and diverticles.

3. To define the position and size of the stomach.

4. To establish the motor-power of the stomach.

5. To withdraw the stomach contents for the purpose of chemical examination.

According to Boas, we may say, in a general way, that the use of the stomach-tube for diagnostic purposes is in-

dicated in those cases in which it is difficult or impossible to make a positive diagnosis.

Riegel, on the contrary, recommends the use of it in any case, if only for the confirmation of the diagnosis, unless absolutely contraindicated by certain conditions of the patient; as the physician often is certain of his diagnosis, he still may find himself mistaken after eliciting other diagnostic points by the use of the tube.

Boas briefly sums up the contraindications; wherever its use is fraught with danger to the patient, or where the symptoms of the case point to a positive diagnosis.

To enumerate in detail the contraindications to the explorative use of the stomach-tube:

1. In all constitutional and local conditions which could be aggravated, or life-endangered, by the irritation and exertion produced by the tube.

Among these are:

(a) Heart disease, with defective compensation, angina pectoris, myocarditis, fatty heart in an advanced stage.

(b) Aneurism of the larger arteries.

(c) Recent hemorrhage (brain, lung, renal, vesical, gastro-intestinal, uterine hemorrhages and hemorrhagic infractions).

(d) Advanced pulmonary tuberculosis.

(e) Advanced pulmonary emphysema, with bronchitis.

(f) Complete and incomplete apoplexy, anemia of the brain and epilepsy.

(g) Pregnancy.

(h) Presence of continued and remittent fever.

2. Stomach and intestinal affections that can be diagnosed without the aid of the tube; these are:

(a) Ulcer, with recent hematemesis and black stools, due to blood.

(b) Palpable carcinoma of the stomach, with coffee-ground vomit and the other classical symptoms of carcinoma.

(c) Various neuroses of the stomach, which can be easily recognized by their symptoms.

(d) Acute febrile stomach and intestinal affections.

(e) Easily bleeding gastric mucosa.

(f) Secondly gastric affections due to some evident primary disease (phthisis, nephritis, diabetes, gall-stones, etc.)

3. During menstruation, according to investigations of Hans Elsner, analyses of the stomach contents at menstrual time show deviation from the findings at intermenstrual times, but the motor functions remains the same.

Of course there may be occasions where the physician may find the use of the stomach-tube indispensable, in spite of existing contraindications. These, however, are exceptions which must be left to the sound judgment of the physician. A case of poisoning, *e. g.*, where human life is in immediate danger, must naturally do away with other considerations. For therapeutic purposes the stomach-tube is employed:

(a) For lavage in stagnation of the esophagus (dilatation or diverticle).

(b) For the dilation of stricture of the esophagus and the instillation of oil.

(c) For the removal of poisonous substances ingested.

(d) For lavage in dilatation of the stomach.

(e) Lavage in pylorospasms and stricture of the pylorus, which are inoperable, or where the patient refuses the radical operation.

(f) Lavage in gastritis, with an

abundance of mucous secretion.

(g) Lavage in gastric neurosis for its psychic effect.

(h) Lavage in gastrosuccorhea, or Reichman's disease.

(i) Boas observed good results from lavage in pregnancy in carefully selected cases, where other treathents failed.

(j) Lavage in insane patients, or other patients refusing to swallow food.

(k) Lavage in diseases of the esophagus, where food can not naturally reach the stomach.

(l) Louis Fisher, of New York demonstrated to me the great utility of lavage in cases of intubation after diphtheria and other stenoses of the larynx.

When I first announced to my friends and patients and to some of my medical brethren that I had decided to give up general practice and devote myself to gastro-intestinal diseases, I was asked such questions as these: Are you going into the stomach-washing business? Are you going to run a stomach laundry? Or, are you going to have a stomach lavatory? I thought these were innocent pleasantries, but it was soon brought home to me that these remarks contained a deep meaning with a moral.

Most of my patients, upon entering my office, say that they would like to be relieved of their ailments, upon the condition of my not washing out their stomachs. There has hardly been any exception; almost all, who have been treated before, have had lavage. I found many were not suffering from stomach trouble at all, but that they had either some intestinal ailment, gall-bladder trouble, enteroptosis or nephroptosis. Some did have stomach trouble, where lavage could do no good, and in one case of gastric ulcer, the patient had had daily lavage, in spite of small hemorrhages and such discomfort and pain that she had to go to bed after each ordeal.

No wonder people are afraid of such indiscriminate practice. They are imbued with the idea that the scientific treatment of diseases of the stomach is synonymous with stomach-washing, and it is not surprising if they turn to the more pleasant and convenient methods of quacks and agreeable-tasting nostrums.

It is reported that an institution exists in the South where the treatment of all cases, regardless of their nature, consists in the eating of some kind of magic hot biscuits baked in oil, and stomach washing. Washing externally, internally and eternally, without rhyme or reason or mercy. Evidently such an institution takes the adage that "cleanliness is next to godliness" a trifle too literally.

Gentlemen, such glaring abuse of this valuable method of treatment will never do. It may, for a time, tend to increase one's revenue, but people are sure to find out that they are being imposed upon, and discredit to our honored profession is the result of such maltreatment.

In properly selecting cases, where the stomach tube is indicated, it will surely fulfill its mission and will gain for the physician the gratitude of the patient. Just as soon as we abuse its employment the reverse is bound to follow.

During the time of my attendance at the policlinics or such eminent men as Boas, Ewald and Conheim, with their large and varied material, lavage was rarely used. The Boas School is very conservative as to the use of the stomach-tube for therapeutic purposes. For Boas, there is only one cardinal indica-

tion for lavage and that is "Stagnation of stomach contents." Even then he thinks simple expression of stagnating stomach contents, without lavage, is sufficient in the majority of cases. In gastrosuccorrhea, also, simple removal of the accumulated gastric juice, is sufficient to accomplish the desired result.

In gastritis, with abundant mucous, he prefers to administer solving agents.

Any method of treatment applied indiscriminately degrades the physician to the level of the charlatan. Our ambition must be to apply reason and science in diagnosing our cases:

"Qui bene diagnoscit, bene curat."

Furthermore, every physician using the stomach-tube should remember that the introduction of it may be very simple, nevertheless, to the patient, it is by no means a pleasurable procedure. We have to apply quite frequently the tube for diagnostic purposes, but we must not inflict on our patients more discomfort than is conducive with the clearest indication.

Lavage often produces pain, shock and exhaustion and should not be persisted in in such cases. I fear that dilatation is often produced in cases of atony of the stomach, where large quantities of fluid are thrown into a weakened organ for any length of time.

I shall, therefore, conclude with the admonition: Use the stomach-tube when you must, but be careful that its use does not degenerate into abuse.

References: Friedenwald, Boas, Riegel.

—*Dietetic and Hygienic Gazette.*

The heirs of Professor Virchow have given $12,500 to be applied toward the prevention of infant mortality in Berlin.

The Anaemia of "Hookworm" Disease—Pathology and Treatment.

By Wm. Edwards Fitch, M. D, Savannah, Georgia.

According to Gould, Ankylostomiasis is a "peculiar anæmia produced by the parasite *Ankylostoma Duodenale* sucking the blood from the walls of the duodenum." This disease is especially prevalent among "dirt eaters," bricklayers and miners. The diagnosis is confirmed by finding the parasite or its eggs in the stools. Ankylostomiasis is a specific zooporasitic disease caused by "hook-worms."

In connection with Ankylostomiasis the writer has observed that "ground itch" is found only in children who go barefooted during the summer months. The source of infection is through drinking contaminated surface water, or from eating fruits and food which may have been contaminated, or the disease may be transmitted through "ground itch." "Dirt eaters" are, of course, particularly liable to become infected, while persons handling dirt are apt to get the microscopic worms on their hands, after which it is an easy matter to transfer them to the mouth directly with the food. The prevention, therefore, is pure drinking water, careful personal habits, and to never go barefooted. A careful examination of my cases reveals the fact that patients, who have had "ground itch," later on develop anklyostomiasis.

This type of anæmia is accompanied with a variable appetite, nausea, pain in the epigastrium, constipation or diarrhœa, hypertrophy or dilation of the heart, and, in the acute form, dyspnœa and dropsy. Children, who have suffered from this disease for several years, are stunted in growth and development, it being common to young

people from fifteen to twenty years of age, who have the appearance of from eight to twelve years old. Together with the non-development of the individual it will be observed that the growth of the mental faculties is also much retarded. The skin will be found thin, pale, putty-like in appearance and very wrinkled. The mucous membranes are colorless, the body weight is decreased, lower, extremities often swollen, and careful observation will reveal puffiness under the eyes, and sometimes perceptible swelling of the face; and, in some cases, occasionally a very pronounced dropsy will be present.

Before discussing the treatment of ankylostomiasis, it might be profitable to glance at the pathology of the blood in this particular type of anæmia. The color of a drop as it emerges from a puncture varies a great deal. In most cases it is very pale, more so than is occasionally seen in severe cases of chlorosis and secondary anæmia, but often the color of the drop as it emerges from the skin in gross, is not as bright a red as normal blood, even when more than one-fifth of the number of corpuscles are present. The pale color in such cases is probably due to the low hæmoglobin percentage present in all of these cases. Most cases show from one to two and a half million red corpuscles below the normal when they first come under observation. A great increase in leucocytes is the rule in all cases; frequently in severe cases more than twenty thousand are found in a cubic millimeter of blood. This is the more striking, because in some of the types of anæmia leucocytes are usually greatly diminished in number. In the remission of the disease the leucocytes decrease while the erythrocytes increase and often go above the normal figure.

"Hook-worm" disease produces an anæmia varying in intensity with the number of parasites and the duration of the disease. The greater the number of parasites the longer the duration of the disease, the greater the anæmia, and vice versa. The anæmia does not stimulate a pernicious anæmia, but rather a grave secondary anæmia, as evinced by the predominance of normoblasts; if, indeed, any nucleated red cells at all be present, microcytes, with slight poikilocytosis. After the thymol treatment the iron seems to be readily absorbed, and by its oxygen-carrying properties produces an immediate gain in the number of the red blood cells, with an increase in hæmoglobin, and a fall in the leucocytes. When a case of long duration shows, after specific treatment, no increase in hæmoglobin and red cells, the prognosis is grave, it is in contradistinction good when such rise does appear. In case of short duration a rise in the red cells and hæmoglobin is of good prognostic import.

The medical profession are under obligations to Dr. Stiles for the pioneer work he has done in ankylostomiasis. Before he published his studies on the subject, the disease was regarded as hopelessly incurable, because its etiology was unknown and its pathology unstudied. Now, uncinaria, through the pioneer investigation of Dr. Stiles, has become one of the most easily diagnosed and readily curable affections.

In the treatment of the anæmia of "ankylostomiasis" we have two drugs that will rapidly aid the oxygenation of the blood and tissues, viz.: manganese and iron. Manganese, as an element of the blood, has a more strongly ozonizing action on the oxygen than that displayed by iron, and is therefore

more powerfully oxydizing and more actively assimilating. Each of these substances, therefore, in combination medicinally, has its separate and specific effect upon the blood, both being necessary if a prompt hematinic action is expected. Pepo - mangan proves clinically to be exceedingly apt in this valuable property of easily absorbing oxygen, which is readily assimilated, thereby increasing the oxygen-carrying power of the circulating fluid, which conveys this life-giving principle to all organs and tissues of the body. Therefore, that preparation of iron which endows the blood with the property of absorbing the greatest amount of oxygen during its passage through the lungs and allows it to part most easily with this same oxygen when it reaches the ultimate tissues of the body, must prove to be the most valuable therapeutic agent of this element.

As a matter beyond contradiction, manganese, by its oxygen-carrying power in the blood, has an importance which is fully as great as the hematopoietic process as that possessed by iron. Prominent scientists and physiological chemists have so expressed the opinion, and have even asserted that the cause of chlorosis, which often lasts for years, and of other diseases, due to deficiency in the composition of the blood, must be sought for in our lack of means adapted to return to the blood its manganese under an easily absorbable form.

The writer is under many obligations for valuable assistance in blood examinations rendered by his friend and colleague, Dr. H. L. Warwick.

Case I.—My attention was first directed to the anæmia of hook-worm disease in April, 1898, while on a professional visit to an adjoining county. I was asked to prescribe for the son of a planter, whom I was called to treat. This patient was a boy about twenty years old, though he appeared to be only about twelve. He was very anæmic, skin of a pearly, clear pale hue, mucous membrane colorless, feet and ankles swollen, heart dilated, hæmic murmurs over carotid, eyes swollen, pain in epigastrium, no appearance of beard on face, feminine voice. I ordered ferruginous tonic and did not see patient any more for a year, when he was sent down to me for treatment, with his former condition unimproved. In the meantime I had read a paper on this type of anæmia and was better qualified to make a diagnosis, and with the aid of a microscope the ova were found in great abundance. The blood was also examined, with the following results: Leucocytes, 20,000 per c.mm.; red blood corpuscles, 2,500,000 per c.mm.; hemoglobin, 35 per cent.; diagnosis, ankylostomiasis. While the prognosis was not very bright, yet I took an optimistic view of the case and offered encouragement. Two preparations only are necessary to effect a cure —thymol, and iron and manganese. This patient was starved and purged according to Stiles' and Harris' method of treatment, after which two 30-grain doses of thymol were administered. On the fourth day no ova could be found after repeated examinations. It was at this juncture that he needed the aid of a ferruginous tonic, and I promptly ordered Pepto-Mangan (Gude), tablespoonful after meals t. i. d., and at the end of a month he was so much improved that his former friends would hardly have recognized him. A second examination at this time of the circulating fluid revealed the leucocytes 10,000 per c.mm.; red blood corpuscles 4,600,-

000 per c.mm., and percentage of hæmoglobin to be 78 per cent. The patient was sent home with a supply of pepto-mangan (Gude), and his convalescence continued rapidly and has been permanent.

(The following is a condensed abstract of the doctor's very interesting report of nearly 100 cases successfully treated):

Cases II, III, VIII, IX and X to XVI and 82 boys from a school. All of these 95 cases presented the typical anæmie appearance noticed in uncinaric infection, and one other feature was noticed in common, the history of "ground itch" each summer, the patients having gone barefooted. The treatment in each and every case was the same, viz.; withholding of food for a time, purgatives followed by thymol to destroy the parasite and pepto-mangan (Gude) to overcome the anæmia, with the most satisfactory results.

Another observation which I have made is that "ground itch" and ankylostomiasis go hand in hand as it were. In almost all of the cases I have seen, a history of ground itch precedes the symptoms of uncinaria Americana. My clinical experience has conclusively proven that by the administration of thymol and peto-mangan (Gude), the anæmia of hook-worm disease is controlled and results in positive cure.

From a close study of this subject, and a critical review of the literature pertaining thereto, and my own experience, I am of the opinion that this is a very widespread disease, and one that as yet is only beginning to be recognized by the profession. Hook-worm disease is among us; it is a grievous burden to its host, and if not recognized and treated properly, it causes mental underlings, physical dwarfs, and ultimate death.

ABSTRACTS.

Lumbar Puncture.

A Direct Method for the Treatment of Tetanus, with the Report of Nine Successful Cases so Treated.

(*Atlanta Journal Record of Medicine.*)

Bivings reports nine cases of tetanus treated by lumbar puncture, with the withdrawal of as much of the septic spinal fluid as possible at each puncture, and the injection of from 10 to 15 c. c. of antitetanic serum daily. In several of the cases where it was impossible to obtain the antitetanic serum he used normal salt with equally good results, claiming that the withdrawal of the cerebro-spinal fluid is the most important part of the procedure. He quotes from the *Journal of American Medical Association*, which states that up to the present time ninety-five per cent. of the cases of tetanus treated by the subcutaneous injection of antitetanic serum have resulted fatally. He reaches the following conclusions:

1. The indications in the treatment of tetanus are very strong and positive for urgent and forced nutrition and stimulation, on account of the marked exhaustion and most rapid wasting which directly or indirectly seems to aid in producing a fatal termination.

2. The shock and collapse often seen in administering medullary narcotics is not due to the removal of the spinal fluid and the injection of another fluid, but is due to the physiological action of the cocaine injected.

3 That tetanus is not the hopeless

condition that it has been pictured in the past, for the bacillus producing the disease remains localized at the original point of injury and generates a toxine, which toxine is taken up by the blood-vessels, the lymp-vessels, and finally is carried along the nearest nerve branches, according to Stinzing, in the interstices of the perineurium and endoneurium to the spinal cord, and in this way all the fluids of the body are charged with the poison; but, on account of its concentrated condition, drawing as it does from both the toxine gathered by the nervous system and the lymph-vessels, the sooner this fluid is withdrawn from the spinal canal, thereby preventing further action on the motor-cells, and we might say checking all symptoms of the disease, the better the patient's chance of recovery. This fluid has to be withdrawn as the symptoms demand, once, twice, or thrice daily if indicated, and must also be replaced by some sterile solution, and as the true value of the antitetanic serum has never been determined I favor its use if it can be had, giving the patient the benefit of the doubt; but, in case it can not be secured, then use either the normal salt solution or a two per cent. boracic acid solution. This, supplemented by the forced feeding and proper regard for the original wound, gives promise to reduce to nil the now terrible death-rate of ninety-five per cent. in this disease.

Undescended Testicle.

(*Annals of Surgery.*)

Odiorne and Simmons in an elaborate article published the results of their observations on seventy-seven cases of undescended testicle, An undescended testicle is one which has been arrested at some point in its normal descent, while ectopia of the testicle is used to designate a malposition of an organ which in its descent has deviated from the normal course. Monorchidism is where there is only one testicle, a very rare condition, monocryptorchidism being used to designate an undescended and hidden testicle. From 14 to 30 per cent. of male infants in a series of cases were cryptorchids at birth. Three weeks later the organ was in the normal position in nine-tenths of the cases. The descent of a testicle is rare after the first year, although they do descend as late as the fourteenth year. The cause of arrest of the testicle is invariably some defect in development during embryonic or fœtal life, usually of the mesorchium, gubernaculum, inguinal canal, or testicle itself.

An undescended testicle may lie (1) entirely within the abdominal cavity; (2) in the inguinal canal; (3) just outside the ring; (4) in the extreme upper part of the scrotum. Of these varieties, the inguinal retention is the most frequent, as it is also the most liable to the various complications and inflammations. In the seventy-seven cases studied in this article, there were ninety-two undescended testicles, for fifteen had double arrest, and forty-nine were complicated by some form of hernia. Hydrocele, torsion of the cord, and malignant disease are some of the complications that are liable to arise. An undescended testicle is very liable to various inflammatory changes following blows or injuries which are very prone to occur owing to its fixed position.

The treatment depends upon the age of the patient, the presence and absence of complications and the severity of symptoms in a given case. They do not advise operative measures in an

uncomplicated case with one or both testicles undescended before eleven, and they advise operation in all cases between this age and puberty, especially where both testicles are undescended. A complicated case should be treated for the complication and the testicle brought down to the scrotum at the same time if possible. The three operations are: (1) orchidectomy; (2) orchidopexy; (3) replacement in the abdomen.

Some Observations on Hemoptysis.

(*Cleveland Med. Journal.*)

Fitzgerald states that the control of blood-pressure is the one great essential in the treatment of hemoptysis. Blood-pressure varies within certain physiological limits and many seemingly trivial means may be quite useful in keeping it low, or in avoiding sudden increases. He states that altitude is not a causative factor of any moment in producing pulmonary hemorrhage, since on going from a low to a high altitude the atmospheric pressure on the general body surface is lessened, but the general blood-pressure falls in proportion. He condemns the use of ergot and adrenalin, since they cause a rise in blood-pressure. He gives us the best plan of treatment:

(1) Absolute physical rest; (2) mental quiet and relief from fear and anxiety; (3) morphin and atrophia in sufficient dosage to insure both the preceding; (4) control of cough, fever and pleuritic pain and careful attention to diet; (5) suggestive measures as ice caps over the heart, salt and cracked ice by mouth, etc.; (6) free use of bromides and nerve sedatives in the nervous; (7) nitrates or veratrum when high blood-pressure persists; (8) care in not over drugging or in placing reliance on specific as ergot or adrenalin; (9) hypodermoclysis with normal saline when indicated.

An Explanation of the Phenomena of Shock Based Upon a Disturbance of Thermogenic Function.

(*International Journal of Surgery.*)

Kinnaman states that there are two centers which regulate the heat of the body, one in the brain and one in the cord; that it is necessary, not only for health, but also for life, that the temperature should vary only within narrow limits around 37 to 38 degrees C., even if the change be a gradual one.

Upon this well established fact is based the theory of a disturbance of the thermogenic function as the primary cause of the shock. For there is nothing that could cause more severe or far-reaching depression than a sudden and marked drop in the body temperature, because it would change the whole mechanism by which the functions of the body are normally regulated.

By adopting this theory we can satisfactorily explain the tendency toward or resistance against shock, as illustrated in the following conditions:

(a) The nearer the injury to the brain or cord, the more pronounced the shock, simply because the heat centers are situated there.

(b) Women are less susceptible to shock than men, because their normal temperature is slightly lower; hence they can bear a lower temperature without as great a manifestation of shock. (Bed-ridden patients come under this same explanation.)

(c) There is a tendency to shock in certain anemias because the power of heat production is lessened.

(d) Shock occurs under chloroform because this drug lessens heat production.

(e) The young rally more quickly than the old, because they produce relatively more heat.

(f) There is a decreased shock in the old when there is no organic disease, because of a lower standard of metabolism and of body temperature.

(g) The value of hot water irrigation in operations on the brain, and of hot pads in abdominal operations, as preventives of shock, is based simply upon their action of preventing a lowering of temperature in these important regions.

A Cause of Acute Appendicitis and the Treatment of Acute General Supurative Peritonitis due to Rupture of the Appendix.

(*The Clinical Review.*)

Levings states that he has often found in the beginning of an acute appendicitis that the appendix is rotated once or twice upon its axis so as to produce torsion or an obliteration of the vessels in its mesentery. He believes that this is often the first stage in the causation of an acute appendicitis. He reports ten cases of acute general peritonitis, following appendiceal perforatoin, with nine recoveries. He attributes his remarkable success in these cases to his plan of treatment. His treatment consists in early operation, i. e., before paralysis of the muscular coat of the intestines is produced by inflammation, and before adhesion and pocketing of the pus has taken place. The abdomen is opened, two drainage tubes are inserted in the bottom of the pelvis, the abdominal wall is then sewn up to the tubes. The abdominal cavity is then thoroughly irrigated, through one of he tubes, with warm 1 to 10,000 acetozone solution. The patient is placed to bed in a sitting posture and the abdomen is flushed every three hours with acetozone solution for the first two or three days, and at longer intervals afterwards. The patient is also given 10 c. c. of antistrepticoccus serum.

Optic Nerve Inflammation.

At the meeting of the Clinical Society of New York Polyclinic Medical School and Hospital, Dr. Earle Connor read the paper of the evening, which was entitled "Inflammation of the Optic Nerve Due to Alcohol and Tobacco Poisoning." He said, in part, that inflammation of the optic nerve due to alcohol or tobacco poisoning, or both, may be acute or chronic. The acute cases are the result of the ingestion of an overdose of the poison. The symptoms are a rapid reduction of the visual acuity, even to light perception only, within a few days. Vision is subject to variation, and partial recovery may precede permanent blindness. The ophthalmoscope shows a congested nerve head, with blurred edges, dilated veins and perhaps some small hemorrhages. Prognosis is usually bad, but a useful degree of vision may follow early and persistently energetic treatment.

The chronic form yields to abstinence from the exciting cause. There is variation in vision, and the prognosis depends on the early recognition of the disease, so that the inflammation may be checked in its incipiency. The pathologic changes in the chronic cases he thought degenerative, but said that difference of opinion existed regarding this point. Prognosis is good in the first attack, but proportionately less so in recurrent attacks.

Treatment consists in total abstinence from the toxic agents which induce the disease. Active diaphoresis assists in the elimination of the poison. Strychnia pushed to the limit of toleration is probably the best remedy, and the iodides are of value in stimulating the absorption of exudates. Plenty of sleep and fresh air, good food and proper exercise are also necessary.

Dr. McAuliffe said that he thought the optic nerves were affected more by pipe smoking than by any other form of tobacco. He had seen one patient in whom this condition had been produced by cigarette smoking.

Dr. Perry Hough said that he wished to emphasize the fact that a slight amount of alcohol would keep up the inflammation of these nerves. The patient may have been abstaining absolutely from alcohol, and have been treated with strychnia and hydrochloric acid, with marked improvement, and he will return to the doctor with decided relapse, and questioning will reveal the fact that the he has had one or two drinks. The patient must abstain absolutely from the exciting cause, if there is to be any decided improvement.

Relation of Public School to Seminary and College as to Psychoses.

(*Journal of the American Medical Association,* Nov. 14.)

F. S. Pearce states that the wear and tear on the nervous system is greatest from 14 to 18 years, i. e., during the development of adolescence; that growing youths are put to tasks their brains can never compass. He advocates one session for city schools, less competition in class work, and that physicians assume greater responsibility in civic affairs if for no other reason than to conserve the public health.

W. J. Hardman, in the same journal, summarizes the "Best Methods for Counteracting Psychoses Due to Strain and Stress Incident to our Public School Methods," as follows:

1. A careful medical inspection of school children at the beginning of their school life and at stated intervals thereafter, covering both their physical and mental capacities.

2. All teachers should be well instructed in the physiology and psychology of the child and in the principles of school hygiene.

3. School buildings and their environments should be made to comply with all the requirements of modern school hygiene, as to light, pure air, temperature, seating, decorations, play ground facilities, etc.

4. The curiculum should be so flexible as to allow more opportunity for the exercise of the individual judgment of the teacher, as to the best method to adopt for each child in order to secure for it the greatest educational value, and the curriculum should include facilities for appealing to the mental faculties along every sensory pathway, among which facilities I would mention nature study, rational kindergarten, manual training and physical exercise.

5. The number of pupils assigned to any one teacher should be only such as she can care for to the best advantage. Time should be allowed the teacher for a careful study of the physical and mental needs of each pupil.

6. A closer relationship between the parent and teacher, with a view of securing the end sought—the highest and most useful development of the child.

7. The removal, as far as possible, of all conditions within or without the school room that interfere with the accomplishment of this purpose.

Vasectomy.

(*California State Journal of Medicine.*)

C. N. Ellinwood states that among the many criminologists not a few have advocated castration as an efficient and justifiable treatment for the insane and those of the criminal class who are given to persistent, violent and homicidal tendencies. The reasons generally adopted in advocacy of this important measure of human progress are:

1. The benefit or improvement in the mental condition of the afflicted individual; and,

2. The protection it affords to his fellows from violence and the jeopardy of life; and,

3. The important protection it affords to mankind against the transmission by heredity of morbid and vicious elements of organization and tendencies which add so much to the world's misery and human disgrace.

He advocates not castration but vasectomy for the relief of a class of sufferers (imbeciles, maniacs and criminals) who, by heredity or environment, have acquired morbid sexual perversion of a dangerous kind. He states a few such cases are seen in private practice and many of them in eleemosary and reformatory institutions. In conclusion he reports the following case:

A boy at the age of puberty developed signs of mental disturbances, self-prostitution, violent temper, and maniacal tendencies under sexual excitement. Inability to learn in school, rebellious and refractory at home, and after several attempts to violently assault his sisters, he was placed in a reformatory institution, where he was restrained and disciplined for several years without marked change in his condition. About two years ago he submitted to vasectomy as a rational therapeutic measure, with the most satisfactory result. His mother reports to me that his mental faculties show great improvement, with ability for application and continuous concentration; entire relief from maniacal attacks of rage and destructiveness. His general health is good; he is quite industrious, ambitious to work and happy in following his trade, which he is mastering with fair progress.

Comparing his present condition with the pitiable and hopeless state he has been in for years prior to the operation, amply justifies the procedure, and encourages its adoption as a rule of practice in such cases. The patient himself realizes the benefit he has derived and warmly expresses his gratitude.

The Statistical Laws of Tuberculois.

(*Maryland Medical Journal.*)

At the Tuberculosis Exposition in Baltimore, F. L. Hoffman, actuary of the Prudential Life Insurance Company, stated that tuberculosis causes annually more than 150,000 deaths in the United States at the average age of thirty years. That the mortality of tuberculosis is a problem compared with which all other social problems of a medical character sink into significance. He states that the mortality from tuberculosis has progressively declined in American cities for more than half a century. The decrease antedates by many years the discovery of Professor Koch and, he has reached the conclusion that the decrease in the mortality from tuberculosis previous to 1890 must be ascribed to a change for the better in the mode of life of the masses. That the masses of the population in cities are better housed, have more light and

ventilation, less overcrowding, less intemperance, improvement in the feeding of adults and infants with food of more nutritious quality. That child labor is now practically prohibited; that the unwholesome and unsanitary conditions of factory life have been improved; that the close, overheated school houses of the past have been changed to the properly-lighted, sufficiently-roomy and properly-ventilated school houses of the present; that there has been a general social improvement in the mass of the population. He states that the mortality from consumption in the United States has decreased from 25 per 10,000 in 1890 to 19 in 1900, or 24 per cent. for the decade. The greatest mortality is in cities, but there has been a greater decrease in the mortality than in the rural districts. In conclusion, he states that by adopting intelligent measures in clear recognition of the laws which determined a high or low mortality from this disease he is sure that a large portion of the present mortality from this disease will be done away with.

Substitutes for Quinine in the Treatment of Malarial Fever.

(*The Therapeutic Gazette.*)

Dr. J. T. Moore states that he knows but one drug, in addition to quinine, that is distinctly parasitical in its action upon the plasmodium, and that is methylene blue. He draws the following conclusions:

1. Methylene blue will destroy malarial parasites in many cases, but is less certain than quinine.

2. Methylene blue is probably the most valuable in chronic cases, but has no advantage over quinine.

3. The effects of methylene blue are ordinarily more unpleasant than quinine.

4. It is useful in cases that cannot take quinine on account of some idiosyncrasy to it. Its use in cases of pregnancy is undetermined.

5. It is probably valuable in treating hematuric and hemoglobinuric fevers on account of its diuretic action; this has yet to be determined. We have had no chance to test its use in such cases.

6. We believe that quinine is quicker and much more certain, and would rely upon it rather than upon methylene blue.

He gives methylene blue in doses of 3-5 grains and 4-6 hours, combined with 1-2 grains of powdered nutmeg. He gives iron and arsenic combined with quinine in chronic cases and in the malarial cachexias.

Is Cesarean Section a Rational Method of Treatment in Placenta Pervia?

(*Journal A. M. A.*)

Moran reports a case that he performed cesarean section upon during the sixth month of pregnancy for placenta previa. The child and placenta were removed through the incision and the uterus contracted satisfactorily. The mother made an uneventful recovery. He finds reported twenty-four cases of placenta previa in which cesarean section had been performed by twenty-one operators. Nineteen mothers and eleven infants recovered, a mortality of 20.8 per cent. and 54.3 per cent., respectively. He states that we cannot formulate any fixed rule as yet and future experience will have to determine the indications of cesarean section for placenta previa.

The Differential Diagnosis of Typhoid Fever in its Earliest Stages.

(*Journal of the Association of Military Surgeans.*)

Major Frederick Smith draws the following conclusions in regard to the differential diagnosis, on clinical grounds alone, of typhoid fever in its earliest stages:

1. That the diagnosis of typhoid fever in the earliest stages of the disease presents probably greater difficulties than that of any other specific, infectious ailment.

2. That there is scarcely any disease accompanied by fever which has not been at times mistaken for typhoid fever.

3. That a good many cases are wrongly diagnosed owing to mere carelessness or to want of knowledge.

4. That the disorders most liable to be confounded with typhoid fever are: typhus fever, tuberculosis, pneumonia, influenza, febricula, or unnamed continued fever, Malta fever, malarial fever and paratyphoid.

5. That it is frequently impossible by non-bacteriological methods to differentiate between typhoid and the diseases named above in four days or even a week or more.

6. That our safety, from a public health point of view, lies in regarding all doubtful cases as typhoid fever until they have proved to be something else.

7. That the anomalous cases are more numerous and the difficulties in the way of diagnosis greater, in military than in civil life.

Prevention and Cure of Consumption

Thos. Bassett Keys lays much stress upon the digestion and assimilation of fats in the prevention of consumption. (*Journ. Med. and Science,* Nov., 1904.) Fats tend to produce an immunity from all diseases, more especially tuberculosis. The power to combat the disease depends upon the vigor, vitality and strength of the tissues. Fat foods ward off more attacks of the disease than all other methods, remedies and climates combined. Witness the Esquimaux, who live on fats, and the savage races who are dying out with tuberculosis since they abandoned the chase and live on farnaceous foods. The whole treatment of tuberculosis rests on nutrition. Fats and oils tend more than any other force to produce heat, energy and force, as well as decrease the metabolism of proteids. Tuberculous patients seldom eat enough oils, butter and cream. To prevent consumption people should be educated as to the value of fats in the daily dietary. When once contracted they should be fed on these articles and if not assimilated, subcutaneous injections of oil should be made.

A table of thirty consecutive cases treated with subcutaneous injections of oil is given, ranging in periods of from 3 to 34 weeks, with improved symptoms in all.

Methylene Blue in Malaria.

Dr. H. C. Wood, Jr., was induced to make an investigation of the utility of methylene blue in malarial fevers because of the occasional failures of quinine, and its disadvantages in many cases. He has collected 425 reported cases and gives the histories of six cases (*Therappt. Rev.,* Nov., 1904) treated in the Philadelphia Hospital. He uses the methylene blue in 2 or 3 grain doses, repeated every 3 hours. A caution is offered that the medicinal drug is not the same as used for staining purposes.

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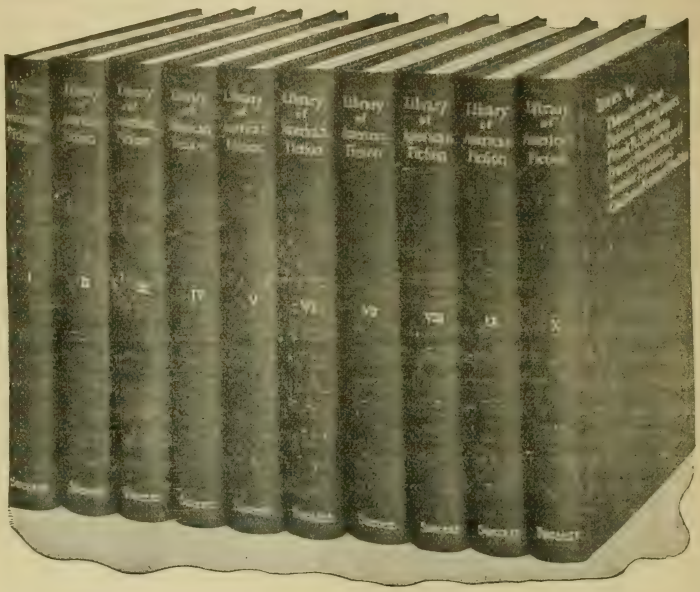

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It does not produce the immediate effect that quinine does, and Ivanoff finds that it attacks chiefly the protopiasm or adult protozo, while quinine kills the chromatin or younger forms of the plasmodium. Methylene blue is chiefly indicated in those forms of malaria where quinine is contraindicated, the most important being hemaglobinuria. A combination of quinine and methylene blue is advised. If given alone the methylene blue should be administered for a week or ten days.

The Cocaine Habit in Washington.—Major Richard Sylvester, in his annual report of the police department of Washington, recently submitted to the District Commissioners, calls attention to a bill pending in Congress to regulate the practice of pharmacy and sale of poisons, and urges its passage. The examination of the poison register of one dealer's place alone, he says, disclosed forty sales of cocaine in one day. The drug having been put in properly labeled envelopes, there was no violation of law. Such sales would be retarded very much if cocaine could be furnished only on the certificate of a registered physician and the prescription filled but once, as the proposed law provides.—*Medical Record.*

The Strategy of Samuel.—Proud Father: "I tell you, sir, that boy of mine will be a wonder."

Friend (wearily): "What wonderful thing has he done now?"

Proud Father: "Why, the other day he ate all the preserves in the pantry. I overheard him say, as he smeared the cat's face with the stuff: 'I'm sorry, Tom, to do this, but I can't have the old folks suspect me."—*Smart Set.*

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EDITORIAL.

The Osteopaths and the Legislature.

The great commonwealth of North Carolina has ever been conservative. Its people are not prone to seeking after new measures of marvelous pretentions or innovations of established customs. The old landmarks of former generations of the body politic, as to the eternal fitness of things, if not considered obligatory are dear to them, and are not to be lightly cast off. Their constancy and adherence to principles have never been questioned. Isms, ologies, pathies *et sui gèneris* find slow growth with a people possessed of the stable equilibrium of North Carolina's citizenship, as has been demonstrated in its past history. This type of citizenship has possibly made the State less progressive, but it has its compensations in the stability of its growth, the certainty of its position, its loyalty to principles, and the integrity of its people.

With all its conservatism North Carolina is a progressive State and the medical profession is in no way a laggard. The first State in the union to recognize the necessity and put in force by statute a law for higher medical education and training, it has seen its example followed by nearly every other commonwealth in their laws relating to medical practice, most of which are founded upon the principles first promulgated by the State's medical society. These laws are just and equitable, and are framed with special reference to the interests of the public at large, whom they benefit more than the profession. That they have had until within the past few years the approval of public opinion, the true criterion of a just law, is shown by the small friction in the courts over them.

We do not know the number or the names of the osteopaths of the State, but of the few whose names and his-

tories we have learned, all are from other sections—not to the namor born—and consequently not in full harmony with our State's interests and institutions.

That they have been brought before the courts within the past half decade is regrettable, and that the State's court of last resort has seen fit to decide against the spirit of the law—contrary to the decisions of the courts of other States and of the Supreme Court of the United States is lamentable. But this matter has been treated in a former editorial.

There is a movement on foot to secure the passage of a statute by the present Legislature creating an examining board in osteopathy. Against this we would utter a most vehement protest, and in so doing we believe we voice the opinion of the whole regular medical profession. Our protest is based on the grounds of the fad, as a system of medical practice, being an unmitigated evil, and that the present board of examiners is all sufficient. Osteopathy is defined as a "so-called 'system' of medical practice founded on the notion that diseases in general are due to some lesions of the bones" (Appleton's Dictionary). This is, of course, a fallacy and one whose evil in its practical application to the cure of disease would prove disastrous in the large majority of cases. The treatment consists in rubbing, kneading and manipulating the muscles and joints, a procedure acknowledged by all educated physicians as of great utility in cases to which it is applicable. The evil consists in applying the treatment indiscriminately to all and every class of disease. It goes further in the bill proposed — in that it licenses a man as full-fledged physician who confessedly knows no other form of treatment or he would not ask to be relieved of a part of the examination as required under the present law. He is only partially prepared in the science of medicine, yet undertakes to fulfill the office of a physician in the application to all diseases of one remedy exclusively—and that one remedy a most difficult one to thoroughly understand.

All fads and exclusive systems in the practice of medicine are harmful in that they blind the practitioner to other forms of treatment. It it a deception to hold that all diseases can be the better treated by any one system. The alleviation of suffering and the cure of disease is too important a matter to be hemmed in by any hide-bound prejudices. The domain of the physician is as broad as the universe and no restrictions in the form of an exclusive system should be tolerated. The regular profession, in the treatment of disease, exacts tribute from every source available, yielding medical measures to its skill and acumen, and the doctor of today needs to be prepared for his work in the broadest manner possible.

It is an imposition upon the public to thrust upon it a partially prepared man as a physician. Backed by the great seal of the State, commissioning him as one competent to treat disease, he has the right to pose before the public as one worthy of confidence, and it is in no way derogatory to the intelligence and discernment of the public to say that a large degree of credence will be accorded him. The public, in its ignorance of the fundamental principles which underlie the practice of medicine, does not, and will not, nor can it be expected to properly discriminate between the true and the sophistical, when both

are equally endorsed by the laws of the land. The fallaciousness of attributing the same knowledge of disease and its treatment possessed by the graduate in medicine to one but a degree above the masseure in every well regulated hospital ought to be patent to every one. It would be if left to the merits of the case. When the State says that those who treat the public for disease shall be prepared for so doing, the public accepts those licensed by State law as being qualified. It is because the medical profession realizes the necessity for higher and broader education in the physician, and sees the imposition that the public can not understand in the proposed legislation, that it raises its voice in protest.

In a judicial inquiry into the claims of osteopathy as a system of medicine, Judge Sterling B. Toney* of Kentucky characterizes it as nothing but a complete system of charlatanism, empiricism and quackery, calculated and designed to impose upon the credulous superstitious and ignorant. Expert testimony shows that osteopathic treatment as applied to many diseases is positively dangerous, inhuman and barbarous, and that such treatment, unless administered under the supervision and direction of a person learned and skilled in medicine would be of no benefit to a patient, but, on the contrary, would do harm. The whole secret of osteopathy is manipulation—*massage!* And yet the Legislature of North Carolina is being asked to place this class, trained as manipulators, on an equal footing with the medical profession!

The purpose of the law creating the present board of medical examiners is to protect the public against unqualified practitioners. It is all sufficient as it is for every purpose, and any believer in osteopathy can practice it if he wishes, but let him first show he is qualified as a physician by an examination before this board.

There is no objection to a doctor's taking the place of a trained nurse and personally manipulating his patient if he so desires. Further, there is no objection to his confining himself to this class of work if he prefers it. The point is that he must be educated in medicine that he may know when this form of treatment is applicable.

*Judge Toney's opinion can be had in pamphlet form of the American Medical Association Press, 103 Dearborn Avenue, Chicago, at 15c per copy or two for 25 cts.

Advice to Young Doctors—The Doctor and the Public.

something more than a mere physician. While he is a disciple of the healing art, and as such has a special mission to the sick, the position he occupies with the public demands that he take a lively interest in matters other than those pertaining strictly to his profession. His influence should be such as to give him prominence as a leading citizen. To do this, he must be a man of broad culture and liberal views. The reading of the secular papers, and keeping abreast of the times in current literature by means of magazines and reviews are essential. Public spirit will enhance the chances of building and retaining a lucrative practice.

In this connection the following clipping from the secular press is given and fully endorsed. It is an utterance of Dr. H. A. Royster, Dean of the Raleigh branch of the medical department of the University, in an interview given an Atlanta paper:

When asked for an expression of views pertaining to the medical profession in which he has risen so rap-

idly, he replied that he deplored the fact that so few physicians, especially those in the smaller towns, are what would be termed good citizens.

"For some reason," he said, "the majority of the doctors apparently take very little interest in the public affairs of the community in which they live. It should be the duty of every physician to take an active interest in the public affairs of the town or city and become influential citizens. As a class they are intelligent and highly educated and are looked up to for advice and counsel by the masses and a physician is not fulfilling his mission when he devotes his entire time to his profession. The word doctor means teacher and a member of the medical profession should so conduct himself as to make his presence felt in the community in a broad sense.

"In the larger cities the conditions are different and I have special reference to the smaller towns and communities. There are physicians and surgeons in Atlanta who are recognized as among the leading citizens of the city and they are known almost wherever Atlanta is known.

"Again, every member of the medical profession should select some special line of study. This is an age of specialism. Even the general practitioner is a specialist in his line."

The doctor should choose some line of thought or action in which he can make himself proficient and through which he can make his influences felt. Or, if he does not care to devote his time to a special subject, he should prepare himself for an all round public spirited citizen, just as the rank and file of the profession are general practitioners. Specialism in medicine should be the outgrowth of a natural tendency towards that department of extra opportunities for observation and treatment of that class. A general interest in public affairs should be shown, and any special object be the outgrowth of either the times or the doctor's natural fitness for it.

To designate all the fields in which a doctor can be of use to the public will not be attempted. Politics offers an inviting field to many, and there is much need of good men's influence of all classes in it. It is a notorious fact that the politics of our country are corrupt. Graft seems to be the ruling element and but few can enter it without being smirched. Politics and medicine do not agree as a general thing, and the political doctor degenerates in his professional capacity as he rises in political influence. This is mainly true, but there are exceptions which but prove the general rule. Yet the need of true men, men of principle, who cannot be bought with money or swerved from the path of duty and justice by political preferment, was never greater in poltics than now.

In connection with the practice of medicine, sanitary science as applied to the public welfare is the logical work of the physician. On this subject the public is more than ordinarily interested of late years. It is, indeed, almost a separate and distinct science of itself. It is so closely allied to medicine that the profession cannot afford to ignore the demands made upon it for aid in solving many of the perplexing problems arising. The question is with us to stay, and the medical profession ought to be the leaders in it.

Prophylaxis or prevention of disease has ever been a point insisted upon by the profession. Its importance is acknowledged by the profession and a

quasi way by the public. Yet the same public that holds prevention to be better than cure, will obstruct the efforts of the doctor in his labors to secure this end. His efforts are not appreciated and often misunderstood, and possibly in no other field is the physician's work so ungraciously received. Yet it is no less the duty of the medical man to uphold the principles of his profession. Just now there is an active crusade against tuberculosis, and the greatest need is that the public should be educated to the fact that consumption is certainly a preventable disease and, in its earlier stages, to a large measure, a curable one. The young doctor cannot do a better service for the community in which he lives than by furthering the efforts of the State Board of Health in this direction. The ravages of venereal diseases are well known to the profession, and while it is a hard question to deal with, its prevention is not beyond possibility. In temperance is a *very live* question, and whatever may be the individual opinion of the doctor as to the merits of the present legislation, no one can deny the evils of the excessive use of alcoholic liquors, and the great damage to the human system, and its far-reaching consequences are known to none better than to the doctor. The prevention of these evils is not entirely in the hands of the doctor, but his help will count.

The doctor gives more to charity in time and labor than any other profession. His individual work for the poor is his private charity, and must not be paraded before the public. In nearly all towns are organized boards of public charities. These may well receive the doctor's counsel and influence, for he is often conversant with their need.

If there is an educational campaign in the community, the doctor can not afford to be idle on the question. If there is none, he should be ever on the alert to advocate education in its highest and broadest sense. A doctor is a teacher,a leader, and in his community must be foremost in all matters pertaining to education.

The doctor, if he is a Christian, should unite with the church of his choice. Religion is too sacred to be used as a means of securing practice. Principles must be the foundation of denominational preference. Church work can be carried on within one's own denomination, but no sectarianism should be tolerated. To unite with the strongest or most popular church in the community in the hope of securing patronage will but make the doctor the laughing stock of the community. Some localities draw denominational lines very strictly in selecting the family physician, and some denominations advocate the principle of adhering closely to each other in traffics of every kind, when the advantages on all sides are equal. Theoretically, this principle has much to commend it, but in its practical application there is too often a blind fanaticism to denominational prejudices that indicates a narrow spirit, and needs to be corrected. The doctor should accept the practice offered him by members of the church of which he is a communicant, but without in any way intimating that it is his right. He has no claim on it other than his ability as a physician, and the fidelity with which he discharges the trust bestowed upon him, even in communities where denomenational lines are closely drawn, will be commented upon and some practice will be offered outside of denominational bounds. This should be accepted in the same

spirit, and no reference made to the difference of opinion in church creeds. These principles apply with equal force to the practice of lodges, benevolent societies, and secret orders generally.

As stated in a former paper of this series, most, if not all of the things written of here have come under the writer's personal experience for solution, and once in a thirty-year practice an opportunity has been given for settling an ugly feud between a physician and a prominent citizen, both members of the same church, but resisting all offers previously made for reconciliation. To the sick room of the first born just budding into womanhood, and seemingly nigh unto death, the doctor was called because a brother physician had need of his aid and skill, and over the fevered couch of a loved one hands that had been raised in anger, aye, in deadly enmity were again clasped in peace, and a life-long friendship renewed and cemented. The practice of a rich and influential family was lost, but the act has never been regretted.

The doctor must be above entering into neighborhood broils and taking sides in the petty quarrels of the community that do not concern him. His position in the community should be such that he can be looked upon as a mediator and peacemaker, and his influence should ever be in this direction.

With his practice, his professional studies, his public duties, his general reading, the doctor may think he has no time for other engagements, yet there is another field in which he must show himself, more especially if young and unmarried. The social duties of the doctor are not of paramount importance, but ought not to be neglected. The first point to be presented is one of caution, possibly several cautions. There is danger of overdoing the social feature of existence. Too much is worse than not enough. To be the leading spirit in every picnic party, the first actor in the dramatic club, and chairman of all ball committees will make you popular with a certain class, but will not enhance your reputation as a physician. The kind of social life indulged in is probably of more importance than the quantity. There is in nearly all cities, towns or communities a clique or set that claims superiority in social matters. It is sometimes designated the four hundred—sometimes the upper ten, but it is nearly always a fast set. To gain admittance to this circle ought to be an easy task for the young doctor with his position, education and attainments generally, especially if he has some money. But should he desire it? Fast living, drinking, carousing and associating with those of such tendencies will destroy your chances of building a practice quicker than any other cause, so be very careful of your associates.

Two objects should be kept in view in your social life. First, it should be used as a means of relaxation from your studies and practice, and, second, as a duty you owe to the circle in which you move, to add what you can to its pleasures. Literary clubs, library associations are often used as social functions, and may be made both profitable and pleasant. If musically endowed by all means use the talent both for your own benefit and the pleasures of others.

Social visits are to be commended, and especially to the old and decrepid, or those unable to get out much. A social visit should *always* be made to this class after you have attended them professionally for any acute trouble. These little attentions are very pleasant, cost but little, and add to your popularity.

Happy should be the doctor that

children take to naturally. It is said that dogs and children always know who are their friends. This much is certain. You cannot find a quicker way to a mother's heart than through her child, and your social duties are incomplete unless you notice the children.

J .D .R.

Editorial Spirit of the Medieal Press.

As we view it, the province of the medical press is to keep the profession informed of the trend of medical thought and the progress of the day in matters pertaining to the profession. The editorials of a medical journal should discuss live issues that are of interest to its readers, and as we cannot discuss all these in our columns we propose to give, occasionally, a running comment upon what other editors are writing about.

That the medical editor's job is not always a bed of roses is seen by the dilemma in which Dr. Emory Lamphear, of the *American Journal of Surgery and Gynecology,* finds himself the first of the year. One class complains that the *Journal* is too high-toned for them—"evidently designed for teachers in medical colleges," while some professors say there is nothing of interest in it to them. As between Scylla and Charybdis, Bro. Lamphear proposes to edit his journal as he ——— pleases, and he gets out a good journal, too, with original editorials that we may not always fully endorse, but we always read with interest.

In the November, 1904, issue of *Northwest Medicine* Dr. C. A. Smith, the editor, rather scores the profession for being such fools in blindly following every new fad that is presented by some leader, the character and attainments of such leader being of no consequence. We ought to have a more charitable feeling towards those who take up Christian Science, osteopathy, homeopathy, etc., for we all have vagaries and fads. A few of our recent fads are mentioned in the treatment of consumption by Burgeon's plan of sulphuretted hydrogen, Koch's tuberculin and cod liver oil; the furor of the appendectomy fad is noted, and the stomach washing for nausea following anesthesia ridiculed.

A decreasing birth rate with our brothers across the border has led Dr. Wright, of the *Canadian Practitioner and Review,* to a study of the causes thereof. It has been charged that the artificial prevention of conception and abortion are the principal factors in the decreasing birth rate, but this Dr. Wright very much doubts. Both legal and illegal births are decreasing, and a ready answer is not at hand. Marriages are at a later date—27 instead of 16 years in the woman, and the childbearing period is lessened by several years. The birth rate may wax and wane in obedience to economic laws and show an index of the general prosperity of the country. The prevention of conception is far from being the principal reason for the state of affairs found, and records for long periods are necessary in order to trace the wanes of increase and decrease in the birth rate that the causes may be studied.

A writer (signed J. D.) in the editorial columns of the *Pennsylvania Medical Journal* commends the work of Mr. Bok in the *Ladies' Home Journal,* in exposing the practice of the advertising sharks, posing as doctors and inviting confidential letters from ladies in regard to diseases peculiar to the sex. These are sorted out among a large number of clerks who forward, in

answer, one of the stock or form letters that comes nearest suiting the case. The manner of the handling of these confidential letters and the indecent comments on them is noted. The query arises—is not this fraudulent use of the mails? We believe, with the writer, that it is.

Albright's *Office Practitioner* is comparatively a new journal, being less than a year old, and is devoted to matters pertaining exclusively to office pratice. In the November issue of 1904 Dr. Albright writes of our indebtedness to the irregular practitioner and instances the injection method of treating hemorrhoids and hernia, and many forms of cancer by caustic, escharotics and plasters, all of which, though at first unqualifiedly condemned by the regular profession, are now recognized as means of great utility in treating suitable cases. The irregular thrives by taking up work that the regular neglects to perform. A distinction is made between the irregular practitioner and the medical shark, usually a non-graduate quack, practical charlatan, or professional abortionist. The latter is considered only to condemn from the standpoint of humanity, while the former is described as "one who disregards that portion of the code of ethics which permits public advertising of his ability to cure disease, or who employs any method of proclaiming his skill, or of securing patients not considered 'ethical' by the said 'code.'" His ability as a physician, his honor as a gentleman, or his standing in the community are not questioned. The modern irregular is a different man from his predecessor of a generation ago, and he cannot be dealt with in the same manner. His legal standing is unquestioned, and it behooves us to study some of his methods.

Dr. Earp, of the *Central States Medical Magazine,* writes of an alleged murder of a woman, who, by all the expert evidence, died of puerperal mania; yet a jury found a verdict of involuntary manslaughter. The testimony of a prominent physician to the effect that death was caused by acute mania was received by hisses from those in the court room, which shows a condition worse than ignorance.

From the same magazine we make the following editorial clipping:

"The *Journal of California State Medical Society* and the *Medical and Drug Advertiser* have said bitter things in reference to the *Journal of the American Medical Association,* and furthermore, murmurings are heard elsewhere. Some one has said that where there is so much smoke there must be some fire."

Several journals have noticed in the past few months different phases of the Russo-Japanese war, more especially the endurance of the Japanese soldier. Physically a small man, and living largely on a diet of rice, his prowess has been wonderful. This is accounted for largely by his abstentious habits and hygienic living. In the November, 1904, issue of the *Journal of Medicine and Science,* Dr. Searle gives a most interesting editorial on Military Economics, drawn from the facts existing in the organization of the medical department of the Japanese army, as given by Maj. Gen. Seaman, who has recently inspected the Japanese military service. The medical officer is omnipresent. A medical officer is in every advance corps and scouting party with his microscope and chemicals, testing wells, examining food supplies, selecting sanitary camps, etc., giving notice in advance of contamination of foods and water. All fever cases are diag-

nosed by microscopic blood tests. Lectures on hygiene are given the soldiers, how to cook, eat and when to drink, and even directions as to cleaning and paring the nails to prevent bacteria. As a result of these precautions the army has been singularly free from zymotic diseases, When 80 men out of every 100 that die in war do so from preventable diseases, it is time that our government should learn a lesson in military economics from the medical organization of the Japanese army. J. D. R.

Editorial Notes and Comments.

Child Labor Laws.

"Dr. A. J. McKelway, formerly of Charlotte, who is now the secretary of the National Child Labor Committee, with headquarters in New York, will devote his efforts towards securing legislation in the Southern States that will raise the age limit of children employed in manufacturing establishments to the standard average in the East and West, which is much higher than that in the South."

Dr. McKelway is much gratified with the encouragement he has so far received and is making a determined effort to secure an amendment to our present laws, allowing children who have a common school education to be worked in the factories at 12 years of age, but those without this qualification to be denied this privilege until the children are 14 years of age. He thinks this will be an incentive to education of the children.

The following clipping from a Richmond, Va., newspaper is given as an indication of the interest the public generally is taking in sanitary matters, and should be an incentive to the profession to continue and redouble its efforts in prophylactic measures. The public is becoming more than ever aroused on these questions, and the medical profession should be its guide and counsellor in the work that is done, or, even more, it should create sentiment in this line.

"There has been a marked decrease during the past year in the number of cases of typhoid fever and diptheria as reported by the City Board of Health. This decrease is due in part to the precautionary measures that have been taken, and, if the same measures were taken with regard to consumption, there would be some decrease at least in the spread of that terrible disease. It has been demonstrated beyond a peradventure that consumption, if taken in time, can, with proper treatment, be cured, and especially has it been demonstrated that consumption, like smallpox, is a preventable disease. It is an old, but a worthy saying that "An ounce of preventative is worth a pound of cure." We should use not only an ounce, but a pound of prevention to check the ravages of the white plague. It is positively sinful for us as a people to neglect to apply the means which science has discovered to prevent consumption. We should not allow the cost to stand in the way. Human life is worth more than gold."

The Senate branch of the Legislature has passed, unanimously, a bill, introduced by Senator Wright, prohibiting the sale or gift, by person, firm or corporation, of morphine, opium or cocaine, or any preparation containing as much as 30 per cent. of either of these articles, except on the prescription of

a physician, which prescription is not to be refilled. An amendment to the bill, accepted by the introducer, allows a pharmacist to administer either of these articles "in cases of emergency and in the absence of a physician." While this may prove a hardship in exceptional cases, it is a good bill and we trust will pass the House and become a law.

We have a suggestion to make to writers for medical journals, and it is this—always make an abstract or synopsis of the paper presented with which to close. This will be advantageous in many respects. No one can give a resume of the ideas advanced better than the author of the paper. Readers can see at a glance the propositions of the article and decide as to its merits, and the abstract editor appreciates it beyond the comprehension of the ordinary reader. Try, for a few times, wading through a long and perhaps dry paper to see if there is a new idea in it worthy of presenting to the readers of a progressive journal in abstract form, only to be disappointed. An article, giving the conclusions reached, stands a much better show of being read, copied and commented on than one without such synopsis. These suggestions have been made by other journals and should be heeded.

In our editorial of last month in regard to the need of medical legislation one page of manuscript was inadvertently omitted and failed to reach the printer on time. It was in reference to a bill presented to the Legislature of 1899 by Dr. B. E. Reeves, member of that body from Ashe county. The bill in question was one requiring the manufacturers of all patent medicines to print on each bottle or package, in plain English, the composition and proportions of the same, and making it a misdemeanor to sell any article, as remedy or cure for disease, without such label and description. It was a good bill—but it failed to pass. J. D. R.

While we are suggesting, there is anonther one to make to secretaries of county medical societies, found in one of our exchanges (which is not now recalled). It is to make and exchange programmes with the secretaries of other societies in the immediate vicinity, and send a copy of each programme to the secretary of the State association. In this way members of other counties may know what their neighbors are talking of, and the secretary of the State society can keep in touch with all.

The last session of the State Medical Association was held in May, 1904, and at this writing, the middle of January, 1905, the minutes of the association have not been received. We have never been secretary of the State Medical Society, but neverthelss have an idea that the proceedings ought to be issued in less than seven months.

Death of Dr. A. G. Carr.

The sad intelligence reaches us, through the public press, that Dr. A. G. Carr died by his own hand, at his home in Durham on the morning of Jan. 13th, 1905. Dr. Carr had been in failing health for some time and for the past three months has been very much depressed. The supposition is that the rash act was committed in an attack of melancholia brought on by his physical condition and an extra tax on his powers of endurance during the week pre-

ceding his death in the close attention given some patients under his care.

Dr. Carr was a graduate of the State University, and of the Bellevue Hospital Medical College—class 1873. He has practiced medicine in Durham for thirty years, where he built and maintained, until his health failed, a large and lucrative practice. He was a good physician, a close student, rather pronounced in his views, but ever open to conviction, courteous in consultation, and, under a seemingly rough manner, hid a genial disposition. He was a strong friend and tolerant of, almost indifferent to, those whom he disliked; a good husband, a kind father, and a good citizen.

Dr. Carr, early in his career, affiliated with the State Medical Society and took an active interest in its affairs, both in the preparation of papers and in discussing the papers of others. He was for several years the treasurer of the society and, we believe, once a vice-president.

Selections From Our Exchanges.

Deadly Dust.

(This clipping is from the February *Everybody's* "Straight Talks" department. It comes to us at a time when a great railroad system has just inaugurated a car cleaning system that will abate the nuisance mentioned, as shown in the clipping following.)

I have been interested in your "Straight Talks" on tuberculosis in that excellent magazine, *Everybody's*. It seems to me that one of the greatest means of spreading that plague is the manner in which some of the railroad coaches in this country are cleaned (?). The porter makes a pretence of sweeping, enough so as to raise a cloud of dust which fills the coach, and this while it is filled with passengers, who cannot escape from it, as it is done while the train is in motion. In this country there is seldom a train that does not carry one or more tuberculosis patients, and there are many passengers whose lungs are not strong who are compelled to sit and breathe the air that is filled with filth from the floors of those coaches. A few words on this subject from the editor's facile pen may perhaps stir the traveling public to the point where a concerted remonstrance will be made that will cause the railway companies to abate the nuisance, or the people to enact laws to that end.

H. R. P.

Roswell, N. M.

ADVANCED METHOD OF REMOVING GERMS AND DUST FROM RAILWAY CARS.

The management of the Central Railroad of New Jersey has made another step of advancement through the recent installation of a system of car cleaning which has the universal approval of the health authorities along this line, and as it is practically the first transportation company to adopt it, the method may be of interest to our readers.

The old method of car cleaning with a whisk here and a dash there with a broom or duster was not only unsanitary, but unsatisfactory, for the reason that it had the effect largely of removing dust and dirt from one section and depositing it elsewhere; but under the new method, which is termed the "Vacuum Sweeping System," the dirt and dust is drawn from the car by suction through a pipe, and is gone forever. The New Jersey Central has erected an immense vacuum plant in its Jersey City yards, and for a distance of 3600 feet has laid pipe varying from two to

five inches in diameter, covering in all about three miles. At short intervals this pipe is tapped and from these cocks is run the flexible hose, which may be taken in the car either by door or window. At the foot of the hose is a metal pipe with a flat triangular end, along the base of which is an opening, and through which the dust and dirt is drawn by the vacuum or "drawing-in machine' located a distance away. The operator runs the slot opening over the cushions, carpets, curtains, woodwork, etc., and without any commotion or dust raising, every loose particle or germ is whisked away, everything being left clean and wholesome. The dust thus removed, before reaching the great "drawing-in machine," must pass through two dust separators, the first of which clears the air of 90 per cent. of the grit, dust and germs; the second separator or cylinder draws the air through water in which corrosive sublimate is used, and completes perfectly the purification. The New Jersey Central management has for a long time felt the necessity for a more sanitary method of car cleaning, and the vacûum system, while reducing disease liabilities to a minimum, at the same time reduces the cost of cleaning and time consumed. Two cars can be thoroughly cleaned under the new system at the same expense of time and money as was formerly consumed in cleaning one, and this in connection with the increased sanitary value, is sure to cause its general introduction within a short time, not only by other transportation companies, but by theaters, hotels, places of public resort and even the home.

Yellow fever is said to have broken out in Cuba.

Written Instructions to Patients.

To the Medical Council:

I wish to offer to the readers of *The Council* a few injunctions which I invariably give to each of my patients. I do not have them stereotyped nor typewritten, but take the time and trouble to write them out with pen. I find it produces better psychic effect upon my patients, as she in every case imagines that these rules are for her only, and to suit her particular case. As a matter of fact, I do suit the advice to the case in hand, but these are "Invariables. I have noted wonderful success and have produced marked results by this means alone.

These rules are given from the standpoint of a gynecologist, viz.:

1. Take plenty of fresh air.
2. Seek plenty of light and sunshine.
3. Engage your sleeping room with windows on south and east side, if possible.
4. Take proper exercise daily for body and brain.
5. Keep the bowels active, not so much by drugs as by proper exercise.
6. Eat plain and wholesome food. Avoid all pastry and foods which cause distress of the stomach.
7. Drink at least two quarts of pure fresh water at intervals each day.
8. Eat plenty of fruit that agrees with you, preferabbly apples and lemons. Also stewed prunes, stewed onions, celery, tapioca pudding and a little of a raw carrot if not distasteful.
9. Indulge in no pancakes, nor hot biscuits.
10. Regulate your clothing according to the daily temperature.
11. Never make your ill health the topic of conversation with your friends.
12. Pay no attention to the old women of the neighborhood. They are

not physicians.

13. Insist that you are improving and getting better.

14. Do not worry about your condition. Let your doctor do that part.

15. Do no heavy lifting, no washing, no heavy carpet sweeping. Do not run a sewing machine, and do not climb stairways unnecessarily.

16. Moderate sexual intercourse.

17. Avoid the use of all patent medicines. They contain just the opposite of what you need.

18. Have confidence in yourself and faith in your physician.

19. Remember that sleep was invented to use. Most repose can be had from 9 to 12 p. m.

20. Read these rules once a day until you have learned to regard them as essential to your welfare. Then put them to practice.

The above injunctions can be altered or enlarged upon to suit the individual case of the physician.

HARRY J. C. MAUS, M. D.
—*Medical Council.*

Statistics of the Japanese Naval Officers and Men Killed or Wounded in the Present War.

The *Sei-i-Kwai Medical Journal* of October 31 gives statistics of the Japanese naval officers and men killed or wounded in the present war.

According to the recent investigations of the Medical Department of the Imperial Japanese Navy the total number of killed or wounded up to the end of September amounted to 2,321 persons. Six hundred and fifty-five of these were slightly wounded, five hundred and fifty-six severely wounded, one thousand and twenty-two killed, and eighty-eight missing.

The loss of the medical staff in the present war up to the date above mentioned was six surgeons killed or drowned, one chief medical attendant killed or drowned, eight medical attendants killed or drowned, and four medical attendants wounded. Six surgeons were attacked by infectious diseases, two assistant surgeons by typhoid fever, and thirteen medical attendants by dysentery or typhoid fever. All these recovered, a sufficient proof that the Japanese naval medical department know how to treat these diseases when contracted as well as to prevent their occurrence.

The war in the Far East has been pregnant with valuable lessons from a medical and surgical point of view, and the pity is that the United States Government at the outbreak of hostilities did not decide to dispatch medical naval and military attaches to the front. The knowledge thereby gained would have been extremely valuable.

The Doctor's Success Thoughts.

Mistakes are but mile posts along the highway to success. He who never makes a mistake never makes anything.

The doctor who tells the truth the oftenest is believed the oftenest.

To prevent misunderstandings with your patients, say just what you mean; use few words and be positive.

Dignity is all right, but it don't practice medicine when it chills your patrons. Keep close. Friendship counts.

Confidence and enthusiasm are as necessary to the successful doctor as to any other business man.

Professional wisdom depends on knowing how to do the right thing at the right time and how to do it well.

Don't tug and strain at theories—be plain, sensible everyday doctors.—*Alkaloidal Clinic.*

NEWER MATERIA MEDICA.

Tonsilitis.

Inflammation in any form attacking the tonsillar region gives rise to symptoms of most distressing character and at the same time provides a most favorable soil for the entry into the system of other infections. It is well to remember that at first this disease is only a local disturbance affecting the capillary system and glandular structures and if promptly and efficiently treated will remain local. The constitutional symptoms, such as fever, headache, etc., only develop when there is considerable infection taken up.

In treatment the first indication is to increase local capillary circulation. A local remedy must fill two requirements, i. e., a detergent antiseptic and a degree of permanency in effect. Many of the remedies which have been advocated for the varied forms of tonsillitis are antiseptics, but they are not sufficiently exosmotic in their action to increase the circulation, or else their effect is too transient. Glyco-Thymoline, frequently applied in a 50 per cent. strength with a hand atomizer produces a rapid depletion of the congested area through its well defined exosmotic property, re-establishing normal passage of fluids through the tissues, promptly relieving the dry, congested condition of the membrane and giving an immediate and lasting anodyne effect. As a gargle a 25 per cent. solution hot may be effectively used, providing the process does not cause undue pain. The external application of cloths dipped in hot water and Glyco-Thymoline in a 25 per cent. solution greatly increases the venous circulation.

The Respiratory Link.

The truth of the old adage that a "chain is only as strong as its weakest link" is forcibly illustrated in medicine. The constitution of a patient may in most of its relations be normal; yet the chain of health is impaired by one function which is the seat of more or less constantly recurring disturbances.

The most frequent form of this weak physiologic link that confronts the physician is that manifested by the patient, who with the advent of winter, suffers from repeated congestions and inflammations of the respiratory organs. It may be that at all other times of the year the individual is, as far as indications go, in a good state of general health; it is, however, more commonly the case that the skilled diagnostician is able to recognize an impairment of constitutional vigor, which is in reality the cause of the respiratory disturbances. Present-day scientific teaching emphasizes that it is unwise to treat these patients with expectorants, cough syrups and respiratory sedatives; these latter remedies are at the best but palliative and do not reach the cause of the disturbance. It is more rational to endeavor to strengthen this weak respiratory link by restoring its integrity, and the proper way to do this is by treatment directed to the real causative factor, which is an atonic condition of the system.

The experience of many years has taught that these constantly recurring respiratory disturbances may nearly always be prevented or at least reduced in frequency and severity if Gray's Glycerine Tonic Comp. is administered throughout the winter. If, however,

this precaution has not been observed and the patient is already suffering from his regular winter cough and bronchial or pulmonary distress, treatment with Gray's Tonic is still the most efficient.

The manner of the action of the remedy in these cases is two-fold: first of all it overcomes malnutrition by stimulating the torpid nutritive functions to assume normal activity; as a consequence the patient's constitutional vigor is strengthened and incidentally the relaxed atonic condition of the respiratory mucous membrane is eradicated.

The second effect of Gray's Tonic in these cases is upon the local disturbances of the respiratory mucous membrane—it has a direct antiphlogistic and tonic influence upon the disordered circulation; it thereby relieves engorgement and restores tone to the relaxed blood vessels.

Gray's Tonic is to be preferred in the management of these acute and chronic respiratory conditions, because it gives the patient *relief* from the very start and if persisted in, overcomes the condition completely. It strengthens not only the weak respiratory link but also the entire chain of constitutional vigor.

Germiletum Opposed to Germ Life

Is without doubt the most perfect Antiseptic, Germicide and Deodorant. Non-Poisonous, Non-Irritant, Slightly Alkaline. Unexcelled wherever an Antiseptic is indicated. Really a Specific in Catarrh and Eczema for which it is recommended by hundreds of the most Promient Physicians. The Dios Chemical Co., of St. Louis, who manufacture Germiletum will furnish on application free literature, including Clinical Reports and Certificates of Commendations recommending Germiletum as a Specific in Catarrh and Eczema. In addition they offer their complete Visiting List and Call Book for 1905, containing 126 pages, also Lock Bill File, with full size bottle of Germiletum, Dioviburnia and Nurosine free, to Physicians, they paying express charges.

A Perfected Food.

In treating anæmia is it not true that our first thought, and that to which our instinct should naturally lead us, is a normal blood standard? That there is a deficiency of iron in the blood in most forms of anæmia is, of course, indisputable; and to endeavor to supply this lack by the administration of iron seems but a common sense procedure. This practice would be sufficient if anæmia were, in reality, nothing more than a condition of iron deficiency; but the profession realize now that the underlying causitive factor is a disturbance of the process of nutrition and cell proliferation, anl that iron poverty is but one manifestation of this disorder. Ample proof of this fact has been presented to every doctor when he has observed how anæmic conditions persist in spite of the long continued administration of the various preparations of iron. Here, then, iron preparations must be supplemented by such remedies or by such a remedy as has the ability to awaken the depressed nutritive and cell proliferating process. To stimulate, tone up and supply perfect nutrition in all anæmic conditions, I have found Bovinine to meet every indication par excellence. —*John Griggs, M. D.*

Battle & Co., St. Louis, Mo., have just issued a fourth series of twelve illustrations of the intestinal parasites, and it will be sent free to any physician upon application.

LaGrippe and Its Sequelae Again Prevalent.—The following suggestions for the treatment of LaGrippe will not be amiss at this time when there seems to be a prevalence of it and its allied complaints. The patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. First of all, the bowels should be opened freely by some saline draught. For the severe headache, pain and general soreness give an antikamnia tablet, with a little whiskey or wine, or if the pain is very severe, two tablets should be given. Repeat every two or three hours as required. Often a single dose is followed with almost complete relief. If, after the fever has subsided, the pains, muscular soreness and nervousness continue, the most desirable medicine to relieve these and to meet the indication for a tonic, are antikamnia and quinine tablets. One tablet three or four times a day will usually answer every purpose until health is restored. Dr. A. C. Bryce, editor of the *Southern Clinic,* has found much benefit to result from antikamnia and salol tablets in the stages of pyrexia and muscular painfulness, and antikamnia and codeine tablets are suggested for the relief of all neuroses of the larynx, bronchial as well as the deep-seated coughs which are so often among the most prominent symptoms. In fact, for the troublesome coughs which so frequently follow or hang on after an attack of infiuenza, and as a winter remedy in the troublesome conditions of the respiratory tract, there is no better relief than one or two antikamnia and codeine tablets slowly dissolved upon the tongue, swallowing the saliva.

Saline Laxative.—"Were I compelled to practice with only two remedies I would choose the effervescent form of magnesium sulphate and the sulphocarbolates," said an old and well-posted practician recently. * * * The "Saline Laxative" of the alkaloidist is diuretic, refrigerant, laxative, cathartic and chologogue. It may be given to the youngest infant or the oldest and most debilitated patient with safety. Its use does not induce a habit. Given in teaspoonful doses in a glass of water every morning before eating will cause a normal stool daily. Obstinate cases will require repeated or larger doses. An excellent plan, when prompt and thorough elimination is essential, is to give two teaspoonfuls in a glass of *hot* water the first thing upon waking in the morning. If the night prior four to six doses of calomel and podophyllin (aa 1-6) have been exhibited at half hourly intervals, this procedure will "flush the mains" and "rid the system of the debris."—Extract from article in *Medical Summary* for December, 1904.

Literature and sample of Saline Laxative will be sent on request to the Abbott Alkaloidal Co., Ravenswood, Chicago, Illinois.

Calcalith.—In treating rheumatism with Calcalith it is well to remember that the system becomes, after a while, clogged with the effete matter freed by the remedy. Therefore, in old-standinng cases it is well to cease the administration of Calcalith after two weeks' use and to exhibit for a few days eliminants (calomel, podophyllin, leptandrin salines, etc.). If then Calcalith is again pushed freely the system will respond and the patient experiences marked relief. Salithia—the "other twin" of the alkaloidal treatment for the uric acid diathesis—should be given

daily while Calcalith is exhibited. The rationale is plain. Salithia acts as a diuretic laxative chologogue and antilithic. The salt should always be given the first thing in the morning and, in severe cases, again at night. Calcalith usually works well in ten-grain doses t. i. d. If with each dose half a pint of barley water is exhibited the results are improved. If you cannot cure your gouty or rheumatic cases, use Calcalith and Salithmia and see how easy it is to do so. Literature and samples of Calcalith sent on request by the Abbott Alkaloidal Co., Ravenswood, Chicago, Illinois.

What One of the "Old School of Medicine" Says About Sanmetto.— I have used Sanmetto in my practice to some extent, and find it an excellent and efficient remedy in all genito-urinary diseases, especially in enlarged prostate, with frequent micturition, and in all senile weakness. Being one of the old school of medicine from the class of 1854, Kentucky School of Medicine at Louisville, Ky., I am cautious in prescribing proprietary medicines, though I do not hesitate in recommending the use of Sanmetto.

IRWIN HIBBS, M. D.
Martinsville, Ind.

During LaGrippe and afterwards the experience of thousands of physicians proves the value of Angier's Petroleum Emulsion. It braces the patient, enables him to withstand the ravages of the disease and guarantees him freedom from the subsequent exhaustion and sequelæ. Angier's Petroleum Emulsion promptly relieves the cough and symptoms of respiratory irritation, palliates the nervous system and hastens convalescence.

Dr. W. H. Barnett, of Huffins, Tex., in the *Alkaloidal Clinic* for November 1904, says:

To Brother W. W. Shafer: I am satisfied that ecthol, a combination of echinacea and thuja, will prevent the sting of bees from hurting him. Let him take dram doses every hour for three hours before he commences to work with them. The reason for the faith that is in me is this: They used to hurt me. Last summer I was taking it for a skin disease, and while under its influence I was stung by a wasp on the face and neck. When stung I started to the house to get something to stop the pain and swelling that I expected to suffer with, but instead of pain and swelling as heretofore when stung, there was no more of either than a mosquito or a gnat would have caused.

In these days of high-class lithography when copies of original paintings are produced so that it requires an expert to detect the difference, we feel at liberty to recommend to our readers the lithograph in eleven colors of "Go-Shono," the Apache Medicine Man, the Tongaline calendar for 1905, which has been issued by the Mellier Drug Company of St. Louis. This lithograph of "Go-Shono" has been made from an original photograph taken from life and is unquestionably the most wonderful representation of the Apache Indian, the tribe famous for the craft, cunning and brutality of its chiefs.

Papa—Tommy, you mustn't eat so much. Everybody will be calling you a little "glutton." Do you know what that is?

Tommy—I suppose it's a big glutton's little boy.—*Philadelphia Ledger.*

BOOK REVIEWS.

THE CAROLINA MEDICAL JOURNAL will mail any book reviewed, or any other book, on receipt of price.

LIGHT ENERGY, ITS PHYSICS, PHYSIOLOGICAL ACTION AND THERAPEUTIC APPLICATIONS, by Margaret A. Cleaves, M. D., Fellow of the New York Academy of Medicine; Fellow of the American Electro-Therapeutic Association; Member of the New York County Medical Society; Fellow of the Societe Francaise d'Electrotherapie; Fellow of the American Electro-Chemical Society; Member of the Society of American Authors; Member of the New York Electrical Society; Professor of Light Energy in the New York School of Physical Therapeutics; Late. Instructor in Electro-Therapeutics in the New York Post Graduate Medical School. With numerous illustrations in the text and a frontispiece in colors. Rebman & Co., New York. Royal 8vo. volume of 840 pages. Cloth, $5.00; half leather, $6.00.

This treatise is the first exhaustive work upon the subject in the English language. It begins, as any book upon the subject with scientific pretensions must with the physics, and pain careful instruction is given as to the nature, relations, resemblances and differences of all forms of light of which we have any knowledge, both the visible and the invisible.

The concentrated energy of the electric arc light, as in the Finsen and other methods, is treated with a fulness and authority present in no other of the many brochures upon the subject. Vacuum tube discharges and ultra-violet rays have their share of attention, and their methods of use and therapeutic indications are clearly laid down. The employment of a part of the sun's energy, as in the red light treatment of smallpox and other exanthematous disorders, and blue light either from the sun or electric light, will startle those physicians who have not been fully aware of the valuable therapeutic agents at hand, without money and price, that have long been neglected. It was in this field that Finsen won his first laurels and gained the official recognition that gave him the means to carry out the work in lupus and gave him a place in the front ranks of science.

Lovers of philosophy and the yet unknown realm in physics dealing with the ultimate nature of matter will be charmed by the chapters upon radium and the N-rays, which do so much toward breaking down the already shattered barrier between physiology and psychology, although full recognition is given to the practical application of radio-active substances in many hitherto intractable disorders.

The book is of indispensable value to the skin specialist, because it is the latest and fullest exposition of the new methods of using the various forms of light energy in cutaneous disorders. It is useful to the surgeon, for it shows him how to employ light for the production of anæsthesia, and in the treatment of clean and septic wounds. It is of service to the gynæcologist, because it aids in the treatment of troublesome inoperable cases. It is of service to the neurologist, because it leads to a better therapy of all curable or improvable nervous conditions, being specially serviceable in neurasthenia, neuritis, neuralgia, tabes dorsalis and other

conditions. It is helpful to the general practitioner, since it leads to better results in all chronic troubles as well as in the treatment of the exanthemata, and many malignant disorders.

Nose and Throat Work for the General Practitioner.. By George L. Richards, M. D., Fellow American Laryngological, Rhinological and Otological Society; Fellow American Otological Society; Associate Editor Annals of Otology, Laryngology and Rhinology; Otologist and Laryngologist Fall River Union Hospital, Fall River, Mass. Price, $2.00. Published by International Journal of Surgery Co., New York.

This book derives special importance from the fact that the diseases described therein constitute so large a share of the physician's daily routine of practice. It has been the author's aim to teach the practitioner how to diagnose those cases and how to treat them successfully and according to modern methods. With this object in view every effort has been made to describe the treatment in such detail as to leave no point obscure, and to simplify the technics as much as possible so as to avoid the necessity of an elaborate and expansive armamentarium. No space is occupied with theory, and the information given is based for the most part upon the author's own extensive clinical experience in diseases of the nose and throat. For the sake of completeness a number of conditions are discussed which properly belong to the specialist, but with these few exceptions the diseases described are such as can be treated by the general practitioner. A noteworthy feature of the work is the large number and excellence of the illustrations.

Simon's Physiological Chemistry. A Textbook of Physiological Chemistry, for students and practitioners of medicine. By Charles E. Simon, M. D., late resident physician Johns Hopkins Hospital; author of Simon's Clinical Diagnosis, etc. New (2d) edition, revised and enlarged, octavo, 500 pages. Cloth, $3.25, net. Lea Brothers & Co., Philadelphia and New York.

It is not remarkable that a second edition of this work has appeared in two years, when its excellent adaptation to the needs of the student and physician is considered. We regard it as the best elementary treatise on the subject, and the changes in this volume bring the subject matter up to date. The chapters on albumins, nitrogenous catabolism, gastric and tryptic digestion have been rewritten. Practical laboratory exercises have been appended. We call especial attention to the chemistry of the purin bodies, which is so well elucidated in this work. Very practical, too, is the well-written chapter on the ferments. "At the present time there is a tendency to assume that most of the vital phenomena are referable to the action of ferments." "Today we know that ferments are present in probably every cell and are intimately concerned in all manifestations of life."

Reference to antitoxins, toxins, etc., are not made, an omission which is pardonable inasmuch as the chemistry of these substances is so little known. The tests for various abnormal and normal secretions are given, and, therefore, the work is really of great clinical value.

Medical Laboratory Methods. By Herbert French, M. A., M. D. (Oxon), M. R. C. P. (London); Medical Registrar Guy's Hospital,

etc. W. T. Keener & Co., 90 Wabash Ave., Chicago, 1904. Price, $1.50, net.

This volume, the author states, was written in response to complaints that there was no small book dealing with the chemical and microscopical tests and investigations which are most useful to medical men, and it deals not with the examination of patients, but with that of fluids or substances obtained from them. This little volume is profusely illustrated and contains a vast amount of useful information, concisely stated and systematically arranged.

The Neale Publishing Company announce the forthcoming publication, SOME NEGLECTED HISTORY OF NORTH CAROLINA. By William Edwards Fitch, M. D., Including the Battle of Alamance, the First Battle of the American Revolution. 8vo. pp. 308. Fully illustrated. Price, $2.00. Neale Publishing Co., Broadway, Fifth Avenue and 23rd Street, New York.

In North Carolina the first settlement of English colonists was established; she was the first to draw up a declaration of independence; by her people the first battle of the American Revolution was fought. Such important history is fully treated in this book.

Books Received.

MODERN OPHTHALMOLOGY. A Practical Treatise on the Anatomy, Physiology and Diseases of the Eye. By James Moores Ball, M. D., professor of Ophthalmology in the St. Louis College of Physicians and Surgeons. With 417 illustrations in the text and numerous figures on 21 colored plates, nearly all original. 820 pages, extra large royal octavo. Price, extra cloth, $7.00, net; half morocco, $8.50, net. F. A. Davis Company, publishers, 1914-16 Cherry Street, Philadelphia.

GOULD AND PYLE. DISEASES OF THE EYE AND REFRACTION.. Including Treatment and Operations and a Section on Local Therapeutics. With formulæ and 109 illustrations, several of which are in colors. Second edition.

General Catalogue.

It may not be generally known that there is published, with annual revision, a General Catalogue of all medical, surgical, pharmaceutical, dental and veterinary books in the English language.

This catalogue includes the books of all medical publishers, and is arranged under subject classification.

A more convenient little book could not well be devised, and a copy should be on the desk of every physician, surgeon, dentist or druggist. It is furnished gratis, and a postal card request will bring one promptly if addressed to Lea Brothers & Co., 706-8-10 Sansom St., Philadelphia;. 111 Fifth Ave., New York.

When writing specify General Catalogue and mention CAROLINA MEDICAL JOURNAL.

Messrs. P. Blackeston's Son & Co., Philadelphia, have issued a special interleaved, leather-bound catalogue of medical books, in which they give the title and price of all the leading medical books published. It will be forwarded by mail on receipt of 25c, which cannot represent more than half the cost of the book.

The same firm publishes a monthly journal devoted to Medical Literature. It is called *The Medical Book News,* and contains lists of all new books on medicine and surgery, announcements, reviews, portraits, etc. Per annum, 50c.

The *American Journal of Nursing* has been sent to us for review, and we find it a very valuable medium for the dissemination of matter of interest to the trained nurse. It takes up questions of nursing schools, nurses, nursing, and much other interesting topics of that profession, and the January issue is especially rich in original matter, taking up some school questions, cooking, infant feeding, etc.

Messrs. Lea Brothers & Co. announce for early publication a completely new work which will be welcomed by every practitioner, teacher and student. HARE'S PRACTICE OF MEDICINE, a Text-Book of the Practice of Medicine, for students and practitioners. By Hobart Amory Hare, M. D., B. Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical College Hospital; Laureate of the Royal Academy of Medicine in Belgium: of the Medical Society of London. Author of "A Text-Book of Practical Therapeutics," "A Text-Book of Practical Diagnosis," etc . In one very handsome volumn of about 1000 pages, with about 100 engravings and six full-page plates in colors and monochrome.

As the student of today is the physician of the future, and as the physician must always be a student, a single volume can be conceived as answering the requirements both of a text-book and a work of reference. To produce such a volume the author has brought to bear his experience of twenty years of active hospital and private practice, during which period he has been constantly engaged in teaching the subjects of clinical medicine and therapeutics. This didactic work has enabled him to understand the difficulties which confront the student and to present the principles and data with the utmost clearness. The book has purposely been given a clinical character. For this reason illustrations and plates have been introduced wherever an important point could be made more clear than by verbal description.

Arizona's Humane Protest.

(*From the Arizona Republican.*)

When moneyless consumptives are sent to Arizona a criminal wrong is inflicted upon them and a gross outrage is perpetrated upon the community to which they are sent. It is a notorious fact that large numbers of men and women in the last stages of consumption are each year sent to Arizona and California with the delusive hope held out to them that they can get well, when nothing can even prolong their days. Many of them have barely enough means to reach their destination.

Although the patient, if in a hopeless condition, rarely realizes his situation, it requires merely an intelligence above the line of stupidity for any doctor to recognize the facts. Nor is the average physician ignorant of his patient's financial status. When, therefore, Eastern doctors condemn fatal sufferers to a heart-breaking exile among strangers, and in addition send them to die in a strange land without money, the criminal cruelty of the act cannot be adequately described.

The conclusion is forced upon Arizona observers that there are some doctors in the States who would be mildly punished if they could be afflicted with consumption in its last stages and then lured forth by delusive advice to die thousands of miles from home and loved ones.—From *Everybody's Magazine.*

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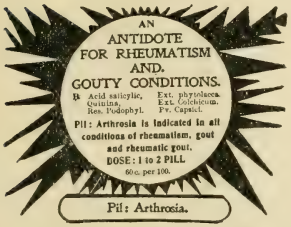

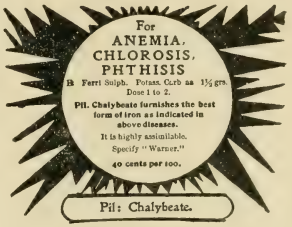

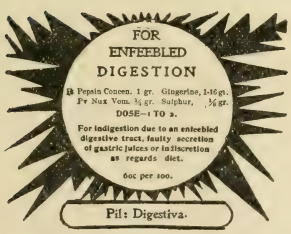
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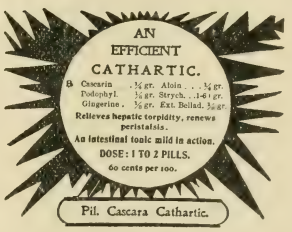
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Surgical Hints.

In dispensary practice, at least, don't be satisfied with a man's statement that he hasn't had gonorrhea. Examine his urine. Shreds tell their own story.

When observing a case with doubtful symptoms of mastoid disease withhold morphine, if possible, for its administration masks a very important indication—pain.

In connection with an iritating vaginal discharge, pus formation in the urethral follicles is extremely suspicious of gonorrhea even though it fails to show the presence of gonococci.

Gunpowder, not too deeply imbedded in the skin, may be removed in many instances by the cautious use of the following ointment:—betanaphthol, 10; sulphur, 45; lard, 24; green soap, enough to make 100 parts.

Tenosynovitis, for example, of the forearm, is easily recognized by the peculiar crepitus transmitted to the examining hand, when the patient moves the muscles. Tincture of iodine gives the most satisfaction in its treatment.

Tincture of iodine may also prove of great service when introduced on an applicator into an empyema sinus which without the presence of continued pus-formation and without osteomyelitis of a resected rib, still fails to close spontaneously.

Gonococci cannot often be found in a vaginal discharge even when they are present. To secure a specimen in a suspected case take it from the crevix or, better yet, from the urethra. The vestibule is carefully sponged off clean. With a finger in the vagina the urthrea is then compressed against the pubes. A drop of pus thus squeezed from the urethral follicles is spread upon a cover glass.

Don't condemn the familiar "corn cure" (salicylic acid cannabis indica and flexile collodion) until you have used it thus: The patient applies a drop of it, with a match, to the trimmed surface of the corn, but not beyond the corn. Each succeeding night for a week he applies another drop directly over that of the night before. At the end of that time and directly after a hot foot bath the surgeon will usually be able to lift out the corn, "root" and all. A second week's application is sometimes needed.—*International Journal of Surgery.*

At the World's Fair in St. Louis, Professor Himalya recently gave the first demonstration of the pyrheliophor, an apparatus for concentration of the sun's rays. Iron melted in less than a minute; fire-clay fused in about three minutes; and magnesia, one of the most infusible substances, requiring about 6400° F. to melt it, was reduced to a molten state in about twenty minutes. In this apparatus the rays of the sun are reflected from more than 6000 small mirrors arranged in concave form, covering an area of 30x42 feet, into a retort 18 inches in diameter and 2 feet deep. The focus of the rays is about 7 inches in diameter, and the heat generated is about 7000° F. The regulation of the mirrors is now done by hand, but a clock for this purpose is being constructed.

The *Montreal Daily Witness*—an earnest advocate of temperance—promptly dropped the advertisement of Peruna on being shown that that 'remedy" contained almost as much alcohol as straight whiskey.

When Prescribing Emulsions

These Points are Worth Remembering

The edible, vegetable oils are not so easily digested or oxidized as animal oils.

The fat-like products of petroleum, though readily emulsified, cannot be digested; they have no food value.

Combinations of two or more fats of unequal digestibility are contraindicated when digestion is weak; the most digestible fat should be given alone. Emulsions of mixed fats are permissible only when the patient can digest any fat.

The most digestible fat is pure Lofoten Cod-Liver Oil; its so-called extracts and active principles are decomposition products, and are never found in the pure oil. They are therapeutically valueless.

Hydroleine is the most digestible form of cod-liver oil, because it is prepared by Nature's method of emulsifying fat (Pancreatization). Write for literature.

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MEDIAL NEWS AND ITEMS.

(*Culled largely from The Medical Age, Detroit.*)

Cholera is reported in Russia.

Plague is believed to exist in Chili.

A petition is being circulated among Chicago physicians asking for a special act of Congress incorporating the American Medical Association.

The Liverpool School of Tropical Medicine proposes to despatch a second yellow fever expedition to the Amazon to investigate still further this disease.

The Tri-State Medical Society will meet in Greensboro on Feb. 28th and March 1st, not Feb. 22-23 as first announced.

During October 325 cases of typhoid fever were reported to the bureau of health of Philadelphia, an average weekly rate of 6.3 cases per 100,000 population.

Dr. K. A. Hasselbach, privat-docent of physiology in the University of Copenhagen, has been appointed head of the laboratory of the Finsen Institute of that city.

The Danish Parliament has, on the proposition of the Cultus Minister, unanimously voted a pension of 3600 kroner a year to the widow of the late Professor Finsen.

It is announced that Dr. Glaetano Cocchi, who was sent by the Italian government to study malaria in South America, has died of yellow fever at Merida, Mexico.

A report is current that Dr. William H. Welsh, professor of pathology at Johns Hopkins, will succeed Professor Osler as professor of medicine on the latter's departure for Oxford, England.

An English newspaper says Andrew Carnegie has purchased or is about to purchase for $3,750,000 Lea Park, the late Whitaker Wright's estate in Surry, with the object of establishing a national convalescent home.

Officers of the Charlotte Medical Society for the ensuing year: President, Dr. E. R. Russell; first vice-president, Dr. F. O. Hawley; second vice-president, Dr. C. S. McLaughlin; secretary and treasurer, Dr. J. C. Montgomery.

An exchange states that it was hardly to be expected after the skilled surgical assistance rendered to the Ameer of Afghanistan for his recent accident that he would be content to rely on his own Afghan medical men in the future, and it is now reported that he has intimated his desire for expert English medical men to be stationed at Kabul. The staff suggested is one medical officer, one lady doctor, and three hospital assistants, with a small compounding staff. The government of India has the matter under consideration.

It is reported by a contemporary that a woman of Boston, eighty years old, and worth $75,000, is hiding herself because she says physicians want her body to dissect, and all for the reason that her floating ribs have by muscular action been transferred from her right side to her left side. She says that recently when she was in a hospital for treatment her malformation was discovered, and she was offered $2000 on condition that she would bequeath her body for dissection. She fears that the doctors won't be content to wait until she dies, and so she has concealed herself. Her malformation is said to be unique, and that it has been caused by gradual muscular action.

(FORMULA OF DR. CHARLES WILSON INGRAHAM)

CONSUMPTION

ASTHMA, BRONCHITIS, ECZEMA, GOITRE, HAY FEVER
AND PNEUMONIA ARE ALL CURABLE WHEN TREATED WITH

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PHYSICIANS SHOULD ASK FOR THIS BOOKLET

It is not only unnecessary but foolish to go away from home in order to secure relief or cure for consumption or any of the diseases mentioned, because there is no climate on the face of the earth in which tuberculosis is not common among the native population; or where people do not contract tuberculosis and die of it just as they do here. If you doubt this assertion, investigation will prove the truth of the statement.

If you are comfortably clothed, have plenty of nourishing food, an abundance of fresh air and sunshine, the proper kind and amount of exercise, you are better off at home, regardless of climate, than elsewhere. Under the care of a competent, conscientious physician, if you are in the first or incipient stage of consumption, you can be certain of a cure in nearly every instance. If the disease has reached the second stage, more than fifty (50) per cent. of cases are curable, and if you are in the third or hopeless stage, you can be greatly relieved.

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Physicians in every part of the United States and Canada administer the compound, and if you will write for our booklet, we will mail a copy free, wherein you can find endorsements by prominent physicians from many sections of the country. Give us the name and address of any physician you prefer when you ask for the booklet, and when we mail it to you we will, at the same time, request him to administer our compound for your benefit. If you have no choice of physician, we will send the name and address of the one nearest you.

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Tri-State Medical Association of Virginia and the Carolinas.—The 7th Annual Session will be held in Greensboro, N. C., Feb. 28 and March 1, 1905. Place of meeting: Benbow Hall, in the Benbow Hotel.

This Association was organized seven years ago with the idea of bringing into closer relationship the profession of Virginia and the Carolinas. The success it has attained is attested by its phenomenal growth, not only in point of membership, but in the esteem of the profession as a whole. Another evidence of its success was the large and enthusiastic attendance as well as the character of the papers read at its last meeting held in Danville, Va., one year ago.

The present officers are W. L. Robinson, M. D., president, Danville Va.; Rolfe E. Hughes, secretary and treasurer, Laurens, S. C. Committee of Arrangements: J, T. J. Battle, M. D., Greensboro; J. E. Brooks, M. D., Greensboro; J. A. Turner, M. D., High Point; C. S. Gilmer, M. D., Gilmer's Store; J. W. Long, M. D., chairman, Greensboro.

Special Course of Lectures.

The governors of the New York Skin and Cancer Hospital announce that Dr. L. Duncan Buckley will give a special course of four lectures on the "Relation of Disease of the Skin to Internal Disorders" in the out-patient hall of the hospital on Wednesday afternoons at 4:15 o'clock, commencing March 1st, 1905. The course will be free to the medical profession.

WILLIAM C. WITTER,
Chairman of Executive Committee.

The bill to establish an "Examining Board" of osteopaths was killed in the committee.

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CAROLINA MEDICAL JOURNAL
CHARLOTTE, N. C.

Ostopathic.

Let the osteopaths be placed under the same legal regulations as the medical physicians, and let them be amenable to the same medical society rules and examinations. Grant that osteopathy is all right, for the purpose of argument, to give every branch of so-called healing a separate and independent society would be to open the floodgates to all manner of crankism, fanaticism andfoolism—*Raleigh Post.*.

Violates the Rule of a Lifetime.—I violate the rule of a lifetime in saying a word for Sanmetto, but, being fully convinced as I am, of its worth and purity, and knowing, as we all do, its essential components, I feel I am justified in saying that I have never found it to fail me in time of need.

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Not only does the rhinologist feel the need of a strong, simple chair, offering reclining and amesthesia positions—a chair which can be adapted to patients of all sizes by means of an adjustable seat, back and head-rest—but very many general practitioners find place for such an appliance in addition to the regular operating table or chair. The Style 7, which fully meets this need, is a new model in our splendid line of

Tables, Chairs and Cabinets

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H. K. MULFORD COMPANY

Recipient of the HIGHEST AWARDS at the World's Fair.

THOSE of our readers who have seen the magnificent exhibit of the H. K. Mulford Co., of Philadelphia, will be pleased to note that they have been awarded the Grand Prize for the superior excellence of their antitoxins, vaccines and curative sera, and that the directors of their laboratories have been awarded special gold medals by the Superior Jury of Awards for their scientific and research work.

In addition to this, the Grand Prize was awarded for superiority of pharmaceutical preparations manufactured by this well known firm, embracing friable tablets, triturates, hypodermics, soluble capsules, fluid extracts, elixirs, effervescent salts, etc.

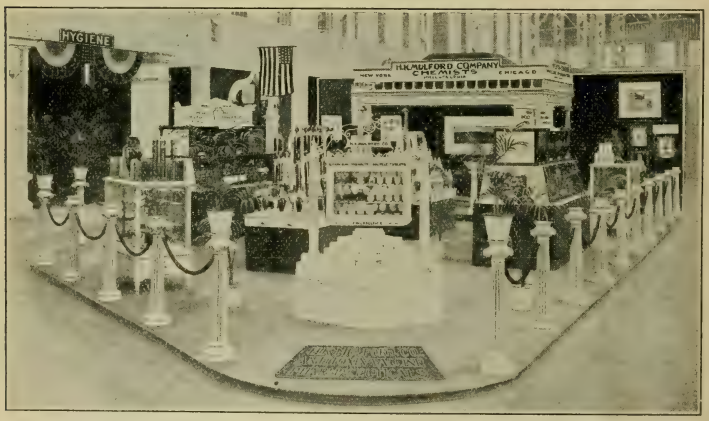
These exceptionally high honors will recall to those who have visited the Exposition the very instructive exhibit of vaccine, antitoxin and pharmaceuticals made by the H. K. Mulford Company.

A large portion of the space was occupied with colored photographs and models that enabled the observer to follow closely the various steps carried out in the production of vaccine and antitoxin, and impressed every one with the extreme care exercised in every department.

Diphtheritic lesions of the throat and nose were fully demonstrated by means of wax models reproduced from life. Not only was the development of the membrane shown, but the effect of antitoxin clearly demonstrated in controlling diphtheria.

Each step in the production of antitoxin was shown, and every stage, from the growth of the culture to the production of antitoxin—the injection of the horses, bleeding of horses, the administration of the serum to the patient—were clearly demonstrated.

In the production of vaccine, sections of the skin of calves and rabbits were exhibited, showing the development of the vaccine day by day, and the instruments used in collecting the virus, and, in addition, colored photographs illustrated the various steps in the production of the virus from the time the animal is received in the stable, during the process of vaccinating, taking up the virus, the grinding and purifying of the lymph, together with the methods used in filling the capillary tubes, and the charging of sterilized glass points with the glycerinized vaccine.



The absolute cleanliness and marvelous precautions observed in the production of antitoxin and vaccine impressed every one that asepsis and antisepsis are rigidly followed in the preparation of Mulford's products.

This noteworthy exhibit occupied a very prominent location in the Department of Hygiene in the Educational Building—the exhibit having been placed in this department at the special request of the Government Commissioner of Hygiene.

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EDITED BY

HOBART AMORY HARE, M. D.

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SERIES OF 1905

Vol. I, March.
Vol. II, June.
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Vol. IV. December.

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A Substitutor Convicted.

Kress & Owen vs. Cruttenden.—On the 8th day of December, Police Magistrate Denison, in the Police Court, registered a conviction against Thomas Cruttenden, Jr., who keeps two drug stores in Toronto, one at the corner of Howard and Sherbourne streets, and the other at the corner of Gerard and Sumach streets, for infringement of the trade mark, duly registered in Canada, owned by Kress & Owen Co., 210 Fulton street, New York. "Glyco-Thymoline." The evidence conclusively showed that the defendant had put up a preparation under the name of "Glyco-Thymol," in bottles almost identical to those of Kress & Owen Co., and with labels worded verbatim et literatim to those of the original manufacturers. The magistrate, in registering the conviction, gave the defendant's solicitor, who hinted at an appeal to understand that if he entertained that idea he would not only fine but imprison his client as the law provided. The case was adjourned for a week, at the end of which time Cruttenden, through his solicitor, gave an undertaking that he would stop all manufacture of Glyco-Thymol and destroy all labels, bottles etc. The firm of Kress & Owen Co. are deserving of congratulation over the result of this case. They had every reason for prosecuting Cruttenden, as it was nothing short of dishonest, and entirely contrary to the law that he should stoop to such practices and try to rob a firm who by strictly ethical advertising (solely to the profession) and the expenditure of about $175,000 per annum, have secured a large sale of Glyco-Thymoline, a preparation found valuable in catarrhal conditions of the mucous membrane.—*Canadian Journal of Medicine and Surgery,* Editorial, January, 1905.

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Every one, says a contemporary, witnessing a military review in Germany or Austria for the first time must have been impressed by the peculiar stiff-kneed, slamming step adopted on parade by the infantry. At the Congress of Naturalists and Physicians which recently met in Breslau, this "goose-step", as it is popularly called, was strongly condemned. Dr. Thalwitzer read a paper on the subject in which he showed that the adoption of this ridiculous step accounts for numerous knee and foot complaints among the troops. Sixty per cent of the sores on the feet of the men are a consequence of persistent adherence to this antiquated step.

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A Bit of History.

(From "With Everybody's Publishers," in the February Issue.)

A speech delivered recently in Philadelphia by ex-Attorney General James M. Beck, personal counsel for Mr. H. H. Rogers, contained the following:

"The avidity with which many intelligent people read in a cheap 'penny-dreadful' magazine the incoherent, self-contradictory, and self-incriminating articles of a notorious frenzied fakir, who like a crazed Malay is wildly running amuck, and without rhyme or reason slashing at the reputation of judges, senators, and financiers, whether living or dead. . . . .

"If all that Mr. Lawson has said is true, and I have reason to know that a great deal is wholly untrue, it would all be absolutely insignificant when compared with the methods of John Law in France, in the eighteenth century, with his Mississippi Bubble."

"Bubble, bubble, who's got the bubble?"

That brings us back to a day in June. It was last year. We had our first "intimation" that it might be well for us if we did not publish Mr. Lawson's story of "Frenzied Finance." We received a call from the aforesaid Mr. Beck, Mr. Rogers' attorney, accompanied by Mr. Samuel Untermeyer, the great legal copper light. They expressed a desire to have the story put off until the fall, with a number of reasons for the delay. Mr. Untermeyer is a great lawyer who knows much about finance, and Mr. Beck, acting for the United States Government, secured a decision in the famous Northern Securities merger case. As above stated, he has since become the personal counsel of Mr. Rogers, the real head, so Mr. Lawson says, of the "Standard Oil" branch of the "System." It might be well to indicate the frame of mind in

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This distinction is unique proof of the unapproachable superiority and excellence of "Sander & Sons' Eucalyptol," and we beg the profession to discriminate between the mercantile eucalyptus [wood-oil] so often fraudulently dispensed in place of our "Eucalyptol."

Medical syndicates have long since verified and established the difference in properties and quality, and class these mercantile oils, now principally in use for mechanical purposes, among the turpentines, unfit for internal medication. The characteristic difference with these mercantile oils consists: "in want of pungent odor; in the alcoholic thin and mobile appearance, being reduced in specific density through the presence of acids; in the taste, the result of the contracting tendency of resins and tannates."

We courteously advise the readers when ordering to apply to our agents, the Meyer Bros. Drug Co., St. Louis, Mo., who furnish one original package [one ounce] on receipt of one dollar. These packages carry literature comprising numerous reports of Physicians residing in the States, on the most gratifying services derived from the use of our product.

So says Dr. Baron Franks, Boston:

"The value of this medicine is very little known. Its advent ought to be hailed with enthusiasm, and I feel confident that it will be the most effective remedial agent in pharmacological science."

Many others make utterances of the same nature. To sustain the position acquired through strictness and punctuality in the process of production, we trust and hope the profession will assist in eliminating spurious counterfeits and in checking dishonest dealing.

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So long as Bronchitis BE BRONCHITIS, AND THAT ALONE, both phases of the malady—acute and chronic—are much alike, of necessity, and the treatment routine.

In, therefore, writing a prescription to meet the conditions, recognized authorities combine BALSAMICS with a heart stimulant—CHLORIC ETHER for choice; to this, the addition of HYDROCYANIC ACID sufficient to allay irritation, a modicum of TARTAR EMETIC to increase expectoration, and—not unimportantly—AROMATICS to preserve stomach equilibrium.

All of this is synonymous with FITCHMUL—compounded with maximum care and skill by expert pharmacists in laboratories constructed expressly for the purpose, and of materials of the highest possible quality the market affords.

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That which has proven to be the ideal solvent and stimulating alkaline antiseptic is GERMILETUM, its persistent use twice or thrice daily, full strength, or diluted when the mucous membrane is sensitive, will effectually cure the worst advanced case of chronic nasal catarrh.

Dr. A. W. Latimer, late Physician to the St. Louis City and Female Hospitals.

I have used GERMILETUM in many cases of catarrh. I consider it a most efficient remedy and really a specific in catarrhal affections.

Dr. A. U. Williams, Hot Springs, Ark.

I have used GERMILETUM in many cases of rhinitis with most excellent results. It is also the most efficient remedy in catarrhal affections.

Dr. E. W. Watkins, Washington, D. C.

Being myself the unhappy possessor of chronic nasal catarrh, which has run the gauntlet of treatment, out of desperation I commenced GERMILETUM with the most satisfactory results.

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I have used GERMILETUM in the most aggravated cases of catarrh and have cured some of the worst cases. I consider it as near a specific in catarrhal affections as can be. Dr. H. Jordan, Nashland, Tex.

Nasal catarrh, which has long been an odium of medicine, may now be successfully combated by the alkaline antiseptic—GERMILETUM.

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which these gentlemen approached us. First, a call over the telephone, a request for an appointment, a willingness even for an informal meeting on a ferry boat. Then a hurried rush from the grand offices of one of them to the humble little rooms in which we do business. And they arrived within half an hour. Suave, elegant, dignified, even artistic in their threats, these great lawyers told us, among other things, that they would take their medicine if Mr. Lawson told the truth, but if he didn't —well, if he didn't, look out! They would take action against us both civilly and criminally if in his story Mr. Lawson departed one scintilla from the truth. The fact that despite this statement they have essayed only the method of attack that this speech of Mr. Becks' illustrates, leaves possible only one deduction: that they are "taking their medicine," because Mr Lawson "is telling the truth."

The "Christian Hospital."—Dr. N. Neus Wood, of Chicago, who has been running a hospital under above name and using the name of Dr. J. B. Murphy as an associate without the consent of Dr. Murphy, has been convicted of fraud and libel and sentenced to ten days' imprisonment and to pay a fine of $350. Both the fine and term of imprisonment are too light.

Dr. Emily Dunning, the first, and, as yet, the only female ambulance surgeon to do service in this city, recently completed her term of service on the house staff of Government Hospital, and was presented with a set of complimentary resolutions by the attaches of the hospital. Soon after her retirement she married Dr. Benjamin S. Barringer, a former classmate in the Cornell Medical School, and together they have gone to Vienna to continue their studies.—*Medical Record, New York.*

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DEATHS.

DR JOHN H. M'BRAYER.

SHELBY, Jan. 30.—Dr. John H. McBrayer, one of the oldest physicians in the county, died at his home nine miles south of Shelby to-day from Bright's disease. For four years druing the McKinley administration, he held the office of postmaster here, and up to the time of losing his heaulth, two years ago, was an active politician in his party. He leaves a wife, three sons and one daughter.

DR. J. R. M'LELLAND.

Dr. J. R. McLelland died Jan. 30 at his home in Mooresville, after an illness of two years with Bright's disease.

Dr. McLelland is survived by a wife and three children, who are Miss May McLelland and Messrs. J. Howard and Davies McLenlland. Other survivors are two brothers—Mr. J. H. and Rev. W. R. McLelland dof Newton an Statesville respectively.

Dr. McLelland was 54 years old, and was twice married, first to Miss Mary D. Rankin, of Mill Hill, in Cabarrus county, and then to Miss Emma Rankin, a sister of his former wife.

A man who typified the ideals of the olden South, he was learned and benevolen, and in his bearing to every one he was gentle and left the impress of a rare nature and a refined and ennobling personality. He was a combination of the practitioner of the old school and the modern, intense physician, whose progressive ability commanded the appliance of the tested sciences of advance. He was a man whose intellectual activities called him into the field of politics, and in this sense he served on the State Democratic executive committee, and also represented his county in the Legislature.

Dr. McLelland had many friends and acquaintances in Charlotte who sympathize with his grief stricken family.

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WRITE FOR CATALOGUE D

GEORGE STEERE,

260 South Clark St., - - Chicago, Ill.

William H. Prioleau, M. D., Medical College of the State of South Carolina, Charleston, 1893, a member of the American Medical Association; formerly acting assistant surgeon in the United States Health and Marine-Hospital Service; a member of the Mississippi Valley Medical Association, Medical Society of the State of North Carolina, and Buncombe County Medical Society, formerly of Asheville, N. C., died at his home in Charleston, S. C., January 4, after a long illness, aged 35.

Kills Vaccinator.—Boss Garrett of Sandersville shot and killed Special Officer Gideon Matthews, December 23, while resisting arrest for refusing to submit to compulsory vaccination. Garrett was shot through the thigh while attempting to escape and is not expected to live.

DOCTOR

If You Treat

SKIN DISEASES

You will want to avoid the use of fats, salves, tar and other disagreeable applications, giving preference to

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The Dangers of Influenza.—The Health Department of Chicago in the current issue of its *Bulletin,* warns strenuously against influenza, and says: "Influenza is more prevalent and more fatal in Chicago this winter than at any time since the epidemic year 1891; twenty more deaths from this cause were reported during the week. In 1891 influenza was the chief agent in increasing the death rate more than one-fifth over that of 1890 and numbers of the survivors have never since regained their former condition of mental and physical health. This added terror of the disease makes it all the more important that nothing should be neglected which may tend to its restriction, and to this end the commissioner again points out that influenza or the 'grip' is a germ disease, and therefore contagious. Hence the obvious thing to do is to follow the advice of the authorities: Keep out of the way of contagion."

Want to Release Lepers.—An attempt has been made in Hawaii to secure the release of certain lepers from the settlement at Molokai, the basis of the attempt being the contention that a person can not be deprived of liberty without due judicial process. Objection is made to imprisonment by administrative process. This refers to the custom of simply having a suspect inspected by the government physician, then sending the suspect to the receiving hospital, where a board appointed by the Board of Health decides whether or not the case is one of leprosy and deals accordingly.

She (bored to death by visitor, who has called unexpectedly)—Well, I'm awfully glad you called. I really didn't expect you, you know.

Visitor—Well, as I was calling on dear Mrs. Smith opposite, I thought I might as well kill two birds with one stone.—*Judy (London.)*

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BOVININE

is most successful because ***BOVININE*** supplies absolute and perfect nutrition.

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It will be found equally reliable for nursing mothers, affording prompt nourishment and strength to both mother and babe.

In typhoid fever and all wasting diseases it may be administered per rectum, and will sustain the strength and support the heart without need for recourse to alcoholic stimulants.

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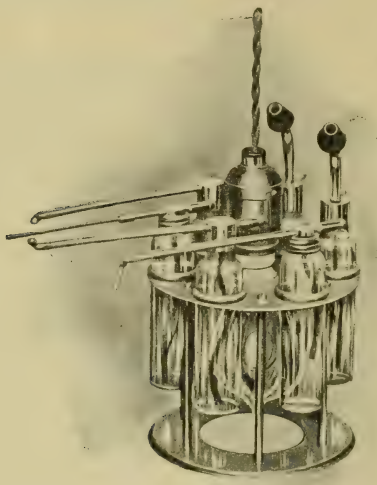
The Alter=De Vilbiss Spray Stand

BY FRANCIS ALTER, M. D., TOLEDO, OHIO

That the use of warm, rather than cold sprays in the nose and throat, is superior, no one will question, but the problem of heating the medicaments is usually a vexatious one, entailing the loss of valuable time, and trying the patience of the busy practitioner, more than is conducive to the maintenance of good nature.



The Spraying Stand which is depicted in this article, is intended as a receptacle for atomizers usually used in office treatment. It is also arranged to heat the medicaments within the tubes, by an electric lamp placed in the center of the stand. In addition, a third element accrues, in that the lamp acts as a means of illuminating the cabinet, if one is used.

I am indebted to the DeVilbiss Manufacturing Company, of Toledo, Ohio, for their accurate construction of the Stand, as suggested by me.

338 Summit Street.

Does It Cost You—

TIME To read through the daily and weekly newspapers, the magazines, reviews, and the special journals that constantly clamor for attention? Can you find time to read enough of them to keep posted even on the important topics of human interest at home and abroad? Does the time demanded by so many periodicals leave you time enough for books?

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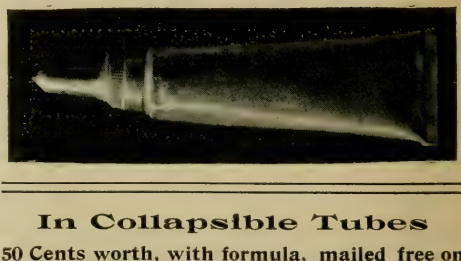

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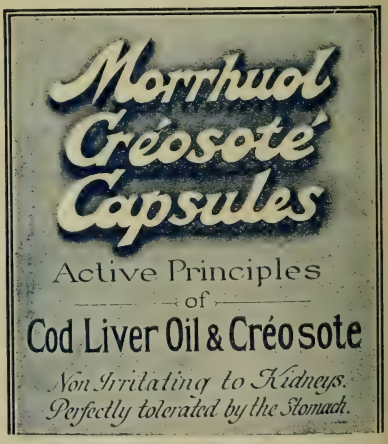

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ORIGINAL COMMUNICATIONS.

Use of Anodynes and Anesthetics in Labor.*

By C. A. Julian, M. D., Thomasville, N. C., V.-President N. C. Medical Society, etc.

In accepting the pleasant duty of presenting a paper under this section, it was my desire to write acceptably on a more strictly scientific subject, but lack of time coupled with other circumstances have pressed these objects of thought upon my attention and I feel constrained to express my convictions which have influenced my own mind in the hope that they may induce in others sympathy for those who "in sorrow shall bring forth children." I could give you no better description of the suffering of a mother on that important event which ushers into the world an immortal being; to describe the restlessness, the agony, the outcries and vexations, or the silent endurance of its torture than by quoting one of Parvin's sayings that "Labor begins, continues and ends with pain," but the smiles of the infant is an "over-payment for all her solicitudes, her anxieties and her fears. The glad moment when she folds her infant to her breast, that sends forth that thrilling unselfish love, the same love that brings the timid bird to stoop her wing to the destroyer in order to lure him from her nestlings, that which softens into tenderness the most ferocious beast, is the same power that renders the feeblest and most delicate woman unflinching, heroical and bold.

As we grow in knowledge our sympathies broaden. We have here a field to help and assist nature rather than

*Presented to the Tri-State Medical Association of Virginia and the Carolinas, at the Greensboro meeting, February 28-March 1st, 1905.

to "let nature take its course." I do not believe in meddlesome midwifery, but I have more admiration for the old-fashioned granny who stays beside the bed with her warm teas and hot bottles, her watchful eye and sympathetic heart waiting on nature, than the cold-hearted accoucheur who never attempts to soothe the pains, fearful lest his visit be protracted.

In this era surrounded by new environments, a higher civilization, and a greater care, woman's physiological condition has changed. Her higher development brings to her peculiar perils and she is far removed from the savage woman who brings forth her young alone. Civilization has brought its sorrows as well as its new found pleasures, and the mother of today would vie with the savage mother so pathetically portrayed in the Song of Hiawatha:

"There among the ferns and mosses,
There among the prairie lillies
On the Muskoday, the meadow,
In the moonlight and the starlight,
Fair Nokomis bore a daughter."

As women no longer bear children with primitive ease, it is the duty of the obstetrician to relieve the needless suffering of his patient and he can base its justification on both humanitarian and scientific grounds. I speak to you today of the wise use of those agents that relieve the pain and not of the ignorant handling and abusive use of them. I am aware that in this day of enlightenment obstetric anesthesia has its opponents, and I am also aware of the fact that there is nothing of worth and merit that has not. It may be possible that the abusive use of anodynes or anesthetics may attribute something to the cause of sepsis by its power of relaxing the uterus, and by impairing the resisting powers, but there is no necessity of going beyond the stage of mere analgesia and there is positively no harm unless there is a prolonged and too free use of either.

Kane published an elaborate paper on the use of chloral in labor as far back as 1870. Kidd advocated it very strongly. Sir James Simpson gave it in labor and he stated "that while relieving pain it did not retard nor weaken uterine contractions." Playfair, Parvin and Kleinwachter all claim the superiority of chloral to any other drug in the relief of suffering in labor.

While chloral has been warmly advocated and its good effects proven, morphia has not been held in high favor, but the reverse has been my experience. The administration of morphia, especially hypodermically, has been proven in my hands the ideal remedy for the relief of the great agony of child-birth. I first noted its good effects in puerperal convulsions. A year or more ago I was called by Dr. —— to a case of puerperal convulsions, and after examination we agreed to give large doses of morphia and await results. Patient soon became quiet and the drug was repeated when indicated. The doctor informed me that the patient, after several hours of quiet, suddenly gave birth to a fine child.

In a case of convulsions in my own practice soon after this I kept patient under morphia for two days when after a prolonged sleep labor was abruptly ended. I have administered it in the first stage of normal labor, in those cases where the suffering is great, the os rigid and dilatation slow, it soon produced drowsiness, the patient is usually aroused by a long contraction, and a very sudden ending of her labor. I have noted this in a great many cases and I invariably administer it in those aggravating cases where suffering is great and the progress of labor slow,

and while relieving pain it does not weaken nor retard uterine contractions. Some months ago I was called to a primapara who was in agony; she was restless, irritable, despondent and discouraged, the labor was normal but the patient thought that if she put forth any effort that her labor would be intensified, and that it would only add to her suffering. She was in dread, moaning and groaning, and all that I could do or say did not reassure her. The more I did the wilder she became, so there was nothing left for me to do but to drug her. I gave repeated doses of morphia. Patient became quiet and happy and after a rest I was suddenly attracted by a glad outcry, and found that there had been a sudden and abrupt termination. After I have carried the administration of morpiha to a reasonable extent, bearing in mind the physiological effect, bearing in mind the safety of my patient, if after this labor is not terminating easily, the energy of contractions great and expulsive force in excess of dilatation, progress slow, straining going on just the same, then I use chloroform. Labor is an involuntary process and yet the old women we meet in the lying-in chamber persist in urging the patient to make voluntary efforts: "Bear down, my good woman, bear down! You will never get through if you don't bear down." This tires the patient out and should be discouraged, she will get through quicker and better if chloroform be used. Futrel (Medical World) summarizes his reasons for his advocacy of chloroform in every case of labor as follows:

It shortens the period.

It prevents shock and exhaustion.

It reduces the liability of the cervix and perineum to rupture.

It does not effect the child if properly used.

It does not produce uterine inertia.

It does not induce post partum hemorrhages.

It is prompt in its effect.

It is perfectly safe during labor, when properly administered.

It assists the woman in her expulsive efforts by obtunding her sensibility to the pain thus produced.

It does not arrest the contractions of the uterus or abdominal muscles.

It weakens the natural resistance of the perineal muscle.

It renders great service to women who dread pain.

It diminishes the chances of the nervous crisis, which is caused during labor by excess of suffering.

It makes recovery more rapid.

It calms the great cerebral excitement which labor produces in nervous women.

In summing up, I desire to say that it is useless to go into discussion on the relative value of the different anesthetics, or to re-hash the methods of their administration. This is known to every obstetrician, but this is a plea for the intelligent use of any harmless agent that will lessen the burdens of labor and bring to woman that sympathy she so much needs and so richly deserves.

The Pathogenesis and Surgical Treatment of Tuberculous Peritonitis--With Report of Cases.

By J. E. Stokes, M. D., Salisbury, N. C.

The present understanding of tuberculous infection of the peritoneum has been attained very gradually. As early as a century ago some of the anatomical features of the affection were noted by several observers, and as late as 1825 chronic peritonitis was first assigned to a tuberculous origin.

It was not until after 1882-84, when

the first important publication of Koch was made, in which he described the tubercle bacillus and its relation to the lesions of tuberculosis, that the pathogenesis of tuberculous peritonitis first began to be investigated.

Following immediately on this, Konig (QIIR) called attention to the influence which the abdominal incision exerted on the progress of the infection.

Pathogenesis.—Tuberculosis of the peritoneum, accompanied by inflamatory process, with or without exudation, exist in several forms, which have been variously classified. Though authors differ in their classification, it is not important difference, as the same pathogenesis is recognized and acknowledged by most authorities, so that it is more of a clinical than a pathological variance. Galvani makes five, while Aldibert eleven divisions and subdivisions. Three varieties, however, are most generally described. Gee divides tuberculous peritonitis into four forms: 1. Adhesive; 2. Suppurative; 3. Tympanitic; 4. Ascitic.

Another division has been made as follows: 1. Ascetic form, tuberculous ascites. 2. The dry fibrinoplastic form, adhesive tuberculous peritonitis. 3. The ulcerative or suppurative form.

Senn states that according to the intensity of the infection or the degree of susceptibility of the patient to the action of the tubercle bacillus, the disease assumes one of the following pathological forms: 1. Tuberculous ascites; 2. Fibrinoplastic peritonitis; 3. Adhesive peritonitis.

Osler's histological and at the same time very succinct classification is as follows:

1. Acute miliary tuberculosis, characterized by a sudden onset, a rapid development, and a serous or serosanguineous exudation. 2. Chronic tuberculosis, characterized by larger growths, which tend to caseate and ulcerate, leading often to perforations between the intestinal coils, and a purulent or seropurulent exudate, often sacculated. 3. Chronic fibro-tuberculosis, in which the process may from the outset be sub-acute, or may represent the final result of the military form. There is little or no exudation, and the tubercles are hard and pigmented.

There exists the closest analogy between tubercle as we see it on the peritoneum and as it occurs in the lung, the fresh military eruption, the caseous ulcerating masses, and the chronic, fibroid, pigmented nodules may be studied with equal facility in either structure.

The tubercles are grayish in color, varying in size from exceedingly small, punctiformed nodules, to nodules as large as millet seeds.

These nodules in the miliary form may completely cover the parietal and the visceral layers of the peritoneum, the omentum, the mesentery, and especially the capsule of the liver and spleen, and in the female the pelvic organs.

Again, they may be localized, or coalesce by eruption into large nodules or even masses. Suppuration occurs only through a secondary mixed infection, with some one or more of the pyogenic organisms. On microscopic examination, the nodules or tubercles consist of epitheloid cells and numerous giant cells, which may or may not contain the tubercle bacilli.

The bacilli may be demonstrated in the exudate; but not invariably, and at times it is exceedingly difficult, even impossible to detect them in the tuberculous nodules. Though the bacillus cannot always be demonstrated in genuine tuberculosis of the peritoneum, it is generally accepted that the infection owes its specific character to the en-

trance of the tubercle bacillus into the peritoneal cavity.

The method and means by which the bacillus reaches the peritoneum is one of the most interesting features of the entire consideration of the infection.

Small miliary tubercles may develope in the peritoneum, the bacilli having found entrance to the blood vessels and lodged in the capillaries on the surface of the membrane.

The condition thus produced has been recognized as tuberculosis of the peritoneum, or primary tuberculosis, in distinction to the inflammatory or more chronic form—tuberculous peritonitis.

This distinction, though it involves a pathological difference, has but little practical value, the first condition rarely ever presenting clinical symptoms. A primary tuberculosis of the peritoneum is the rarer form.

Thus, in several series of cases it occurred in 2 out of 226; 1 out of 46. Osler, it is true, found 5 among his 17 cases, while Rilliet and Barthez 12 out of 22 in their statistics, the infection appearing as primary in the peritoneum of children.

Another and most important way of transmission of the infection is through the lymph channels, the bacilli having gained entrance from some other infected point, acting as a focus of distribution.

This passage of micro-organisms through the lymph channels has been described by several authorities.

Through this mode of distribution of the infection may be added those cases of infection in which the lungs are primarily affected, while the peritoneum is the only abdominal viscera infected.

A group of cases has been noticed in which the infection is confined to the serous membrane, the intection being at one time primary in the peritoneum, and that of the pleura or pericardium secondary; while in another instance the reverse is the case. Finally, the means of infection by direct continuity from primary foci in or near the abdominal cavity may be mentioned. In women, tuberculosis of the tubes, ovaries, and uterus and genito-urinary tract are very frequent primary foci for the distribution of the infection.

Among other primary foci may be noted suprarenals, bone, skin, psoas abcess, caries of the vertebrae, solitary tubercle of the spleen, bronchial retro-peritoneal and mesenteric glands.

Space will not permit the discussion of the causal relation existing between cirrhosis of the liver, pregnancy, nor tuberculosis of the intestines and tuberculous peritonitis. Regarding these a very exhaustive study, with a full canvass of the statistics, has been made by a number of prominent authorities. The series of the six following cases is entirely too limited and restricted to be of value, save as a report illustrating some interesting clinical features of the disease, while showing the value in at least some instances of abandoning medical for surgical treatment. The synopses of these cases, omitting the clinical histories, are as follows:

Case 1. Length of time of cure, five years having elapsed without any indications of or return of the former tuberculous infection, patient's present health being perfect.

Case 2. Complete disappearance of every indication of former tuberculous infection in less than six months' time. Shown by condition of peritoneum on second operation.

Case 3. Complete removal of all localized abdominal symptoms by operation, though there were extensive tuberculous involvement of lungs and pleuræ. Very marked general improvement for nearly one year.

Case 4. Instant relief by operation and total absence of further peritoneal involvement for over one year following operation.

Case 5. This case rapidly failed under rigid medical treatment and hygiene care. No benefit from operation. This case was probably one of general miliary tuberculosis.

Case 6. This case progressively declined under medical treatment and hygienic care. Pulmonitory symptoms two years before final operation.

Demonstrated in the painful and very scant menstruation, in fact, cessation of menses. Histological examination negative at this time. Two years later at final operation tubercles demonstrated in tissue of uterus.

Immediate relief by operation, with progressive improvement still continuing.

CLINICAL REPORT.

Case 1. Description. Chronic tuberculous peritonitis; discrete tubercules on peritoneum, both parietal and visceral; of tubes, ovaries, and uterus, with adhesion of small intestines to pelvic structures. Slight ascites salpingitis, and peri-oophoritis.

Operation. January, 1901. Hystero-salpingo-oophorectomy, with release of adhesions; gentle mopping of peritoneum and drying out of peritoneal cavity. No drainage. Recovery. Dismissed thirtieth day.

History. Mrs. J. J., white, aged thirty-one years, housewife. 3-para; no miscarriages. Family history negative. No tuberculosis. Present illness three months' duration, though had not been up to usual mark for nearly a year. First noticed languor and inability to make usual amount of exertion. Tiring quickly. Lost flesh and appetite. Constipated, with painful defection. Noticed abdomen seemed fuller. Pain of a sharp, colicky nature through abdomen generally, most marked through lower zone. Menstruation regular, but had greatly decreased. Fever with evening exacerbation. Face flushed, thin and drawn.

Examination. Abdomen slightly distended, dull, not sensitive to pressure. No mass nor tumefaction. No tuberculous lesion found in other organs.

Per Vaginum. Uterus fixed; tubes and ovaries on both sides adherent; enlarged; sensitive.

Histological Examination. Typical tubercles demonstrated in tissue of the tubes. No organisms found.

Case 2. Description. First. Acute miliary tuberculous peritonitis; parietal and visceral peritoneum studded with miliary tubercles; sudden onset; with sero-hemorrhagic exudation in pelvis.

Second. Acute tuberculous pyosalpinx, with surface of uterus and bladder peppered with miliary tubercles. Surface of liver and spleen not involved. General adhesion throughout pelvis.

Operation. October, 1903. Removal of tubes and ovaries. Medium line drainage. Recovery; dismissed twenty-eighth day.

History. Mrs. L., white, aged nineteen years, housewife. Married two years. Nullipara; no miscarriages. General health for last year only fair. Menstrual history normal. Family history good, save that a sister has tuberculous involvements of right apex. Past history excellent. First noticed pain in lower left side of abdomen for last three months or so. Rode horseback, however, constantly up to within a week or so to having to go to bed. Two weeks previous to operation remained in bed on account of pain and fever. Locomotion difficult and painful. Pain became suddenly more severe in lower abdomen, with fever,

slight nausea, constipation, and general weakness; loss of appetite and some general nervousness.

Examination. Patient thin, poorly nourished; abdomen slightly rigid, with dullness on palpation.

Per Vagina. Uterus fixed. On left side a mass size of a lemon, boggy, adherent. On right side small cystic mass, adherent. Posteriorally marked fullness, hard, board-like in consistency.

Note. This patient had a smooth, uninterrupted convalescence, and began to gain in strength and flesh, with general relief of all abdomen symptoms.

Six months later, May, 1904, while at Newport, was seized suddenly with acute pain in right lower abdomen, marked tenderness with an area of induration to right of median line. There was a sharp rise of temperature, patient feeling generally ill. On vaginal examination there was a fullness in right fornix, with great sensitiveness. Immediate operation advised by Dr. Bull, N. Y. Small abscess in right cornu uteri was found. There was absolutely no evidence of former tuberculous invasion present, there being a total absence of any tubercles on surface of parietal and visceral peritoneum or on uterus. Subsequent condition of patient excellent.

Case 3. Description. Chronic tuberculous peritonitis; suppurative tuberculous appendicitis; entire surface of parietal visceral peritoneum covered by large nodules with general adhesion of intestinal coils, and a thick, purulent exudate; peritoneum much thickened, with localized abscess about appendix; localized tuberculous lesions on right lung; mild pleurisy of either side.

Operation. December, 1903. 1. Medial line incision. 2. Removal of appendix; vertical incision in right side of abdomen; removal of all purulent exudate as far as possible. Drainage.

Convalescence. Interrupted by post-operative pneumonia; extension of pleurisy; fecal fistula. Final improvement for a time. Death nine months after operation, from pulmonary tuberculosis.

Mr. J. V., white, aged thirty years, medical student. Past history good. Family history good. Was in perfect health one year ago. Of unusual size and strength, weighing over 160 pounds. First noticed slight cough and loss of flesh. No especial change took place, however, for several months, up to within a month of operation. Cough slightly increased, with progressive loss of flesh. This was followed by pain through lower abdomen, with soreness. Pain first dull, then sharp, cutting, intensified in ileocæcal region. Began to have temperature of 100 to 102 degrees, with pain and soreness localized to right iliac fossa. Exertion and locomotion became painful. Cough increased; temperature more constantly high, with night-sweats.

Examination. Apex right lung shows localized tubercular area; limited pleurisy either side. Abdomen resistant and rigid, with well-marked area of induration circumscribed over ileocæcal region.

Histological examination. Well-marked tubercles demonstrated in wall of appendix. No organisms demonstrated.

Case 4. Description. Acute tuberculous miliary peritonitis, with a sudden onset, rapid development, and a very large, serohemorrhagic exudation. Entire parietal and visceral peritoneum, surface of liver, and spleen studded with miliary tubercles. Enlarged and greatly thickened appendix. No other tuberculous focus discovered. Hydrocele of left cord.

Operation, January, 1904. Median line incision; evacuation of peitoneal cavity; removal ot appendix; no drainage; recovery.

History:—Mr. W. M., white, aged 33 years, mechanic. Family history: mother died of tuberculosis. Past history excellent. Health good up to two months ago. First noticed pain in back and right side, with loss of strength and flesh. Good digestion. Bowels constipated. No fever. Slight night-sweats. Later noticed tugging sensation along inguinal canal, with slight fullness in scrotum. Applied a truss on supposition of hernia. Pain then started up in back; continuous loss of flesh; constipation became more marked and general health fell below par. Pain increased, arising in right side of abdomen, and radiating across and through bowels, with progressive enlargement along inguinal canal. The patient began to notice for the first time some fulness in abdomen. This steadily increased until locomotion became difficult, and patient found it almost impossible to lie down on account of intense pain along cord into scrotum. The swelling along cord would disappear on patient's lying down, increasing markedly when in the erect position.

Examination:—Distinct distension of abdomen with slight tympany. Marked fulness along left inguinal canal, which bulged out, down into the scrotum, when the patient stood erect. No impulse on coughing, transparent, entirely disappearing when the patient took the prone position.

Histological examination. Section from excised portion of peritoneum and also from tissue of appendix showed typical tubercles. No organisms demonstrated in exudate.

Case 5—Description:—Acute miliary tuberculous peritonitis, with sudden onset, a rapid development, and a very large collection of a free serous exudation. Entire parietal and visceral peritoneum, surface of liver and spleen studded with miliary tubercles. No other tuberculous foci found. Hydrocele of left cord.

Operation, May, 1904.—Median line incision with free evacuation of fluid; drainage; slight improvement, abdomen soon filling up again; death several months later.

History:—Mr. W. W., white, aged 45, weaver. Family history: Mother, several brothers, and one sister died of tuberculosis. Past history good. First noticed pain in upper abdomen three months ago; severe and constant. Started in with chill; pain increased and extended over entire abdomen. Rapid loss of strength and flesh. Abdomen began at once to enlarge, became tender, with soreness throughout generally. Bowels constipated; night-sweats, with temperature ranging from 100° to 103°. About this time noted enlargement along right inguinal canal, extending down to scrotum, which became fuller on patient's standing up. Transparent, no impulse on coughing, and immediately disappearing in prone position, with, however, distinct increase of pain.

Examination:— Abdomen dull on palpation. Slight wave produced on percussion. Moderate, but general tenderness on palpation. Marked distension of right side of scrotum, extending up along course of right cord. Transparent, increased by erect position. Lungs and pleuræ normal. No organisms found in effusion.

Case 6—Description:—Chronic tuberculosis peritonitis, with general intestinal adhesions and purulent exudate. Entire surface of parietal and visceral peritoneum, liver and spleen, tubes, ovaries, uterus, and bladder studded with distinct nodules of large

size. Acute tuberculous appendicitis.

Operation, August 19, 1904. Hystero-salpingo-oophorectomy; removal of appendix; drainage per vaginum; large pelvic abscess following closure of drain tract; secondary puncture, with through-and-through drainage; recovery with fecal fistula; final spontaneous closure of fistula.

History:—Mrs. J. H., white, aged 32 years; housewife. Married twelve years; nullipara; no miscarriages. Patient was seen two and one-half years ago for scant, practically cessation of menses. Cervix dilated and uterus curetted, followed by regular menstration, some increase in amount and disappearance of pain.

Histological examination of scrapings negative.

Second visit.—Past history good after first treatment. Up to that time had been poor, with general weakness and languor, and menstrual distress for a number of years. Was feeling unusually well up to five weeks ago, at which time began again to feel weak, with no appetite nor energy. A month later had a sudden attack of pain and soreness through abdomen, but no consistent cessation of these symptoms. Patient never felt well nor strong, with more or less constant soreness through pelvis and lower abdomen. Locomotion extremely painful. Just before or following menstruation a distinct attack would come on. Pain became so intense as to nearly bend patient double. There was no distension; slight nausea; fever 103° or more; night-sweats; attack lasting several days. This followed by marked tenderness and soreness.

Examination:—Patient well nourished, slightly anæmic. Abdomen flat, slightly hard, and resistent on palpation.

Per Vaginam. Uterus forward, movable. Slight sense of resistance on either side, with fulness. No marked adhesions detected. Distinct fulness posteriorly.

Histological examination — Typical tubercles found in wall of tubes. No organisms demonstrated in tissues nor exudate.

Surgical Treatment:—Both the diagnosis and treatment of tuberculous peritonitis may be difficult to determine. In marked contrast to the diagnosis, however, the most generally discussed, and one of the least settled points, is the appropriate treatment in several forms of the disease. That an apparent cure, with restoration to health, may be brought about through surgical means is not now questioned.

That a spontaneous recovery, with a complete disappearance of all symptoms through medical treatment and hygienic care, may also occur, is unquestioned.

The fact, however, yet undetermined is, whether in certain forms of tuberculous peritonitis can the best results be procured, both immediate and remote, by avoiding an operation. A decision which is of great importance to the patient and of wide interest to the surgeon.

The final conclusions reached regarding the surgical treatment of the various forms of tuberculous peritonitis vary greatly, by both medical and surgical advocates.

The decision for or against surgical interference in tuberculous peritonitis, as a general routine practice, is greatly influenced by whether the viewpoint has been reached through successful surgical results, or whether the result has been obtained through a study of the clinical aspects of the disease in some cases, substantiated by post-mortem examinations in others.

Comparative statistics of these respective results are as yet unsatisfactory, so that a stimulus is developed for

further observations, with a more thorough understanding of the morphogeny of the various forms which the infection may take.

The Operation.—Since 1826, when Spencer Wells performed successfully the first operation in a case of tuberculous peritonitis with sacculated exudation, under mistaken diagnosis of an ovarian cyst, a number of other cases have been operated upon with beneficial results.

Of the cases recalled from the literature, the average percentage of recoveries, with the disapearance of all symptoms and objective local signs following surgical interference in tuberculous peritonitis, is over 60 per cent. In some instances the percentage reaches 90 per cent. While the mortality given Konig in 131 operations was only 3 per cent. Czerny, on the other hand, had only two cases out of ten to live over three months following operative procedure.

Surgical Treatment.—Regarding the surgical technique, there is but slight variation in methods. Czerng, Konig, and others advise a not too small an incision, the thorough evacuation of fluid, with the removal of the primary foci and all tuberculous masses as far as possible..

Treves shows from an examination of 300 cases that the best results are obtained when the peritoneal cavity was neither flushed out nor drainage employed. He advises strongly against injury to the peritoneum by reckless flushing and sponging.

It being better to allow some of the effusion to remain than to injure the membrane by removal.

Others advocate a free, complete evacuation of all fluid from an irrigation of the peritoneal cavity afterwards with normal salt solution.

Sterilized air has been forced into the cavity through a cannula, but no statistics support the advantage of this effort.

The employment of strong antiseptic solution is now generally condemned.

Drainage.— Drainage should be avoided unless made absolutely necessary by some existing complication, such as a deep, sacculated area; old, caseous, broken-down masses, or injuries to wall of intestine.

Besides, the drain adds an additional tax to an already greatly impoverished intestinal wall—a fecal fistula frequently ensuing from pressure. Both these fistulæ and the drain track proper are most difficult to close at times.

Regarding the cases for, or at least most suitable for an operation, it may be said clinically that in all cases of tuberculous peritonitis an abdominal incision is indicated, provided the patient's general condition and strength will stand it. Even where there is more or less involvement in lungs and pluræ, the removal of the peritoneal involvement may bring about a general improvement, which will greatly aid in overcoming the lesion in the other organs.

The cases responding most readily to an operation are those in which there is a fluid exudate, especially when encysted or when there is an active primary focus going on within the cavity.

The operation is contraindicated, on the other hand, in those cases of tuberculous peritonitis whenever there is an advanced tuberculosis of the liver, kidneys, intestines, glands, or when the exudate within the peritoneal cavity is solid.

Finally, what the actual changes in this infection of the peritoneum are, or what reaction is brought about in the local lesions, and the peritoneum itself, by means of the abdominal incision, remains problematic.

Whether it is the mechanical action produced by air and sunlight, an increase of the peritoneal resistance, or whether after the operation a local reaction in the periphery of the tuberculous nodules takes place, or an increased phagocytosis brings about absorption of the tuberculous products with a formation of new connective tissue, as has been shown in experiments on certain animals, still remains unsettled.

Through this process it is claimed that the local reaction is hereby induced and the absorptive power of the peritoneum increases.

Civilization—Nervous Exhaustion.*

By W I. Royster, M. D., Raleigh, N. C., Professor of Medicine, Medical Department, University of North Carolina; professor of Theory and Practice of Medicine and Therapeutics, Leonard Medical School, Shaw University; Physician to Rex Hospital, etc.

Ladies and Gentlemen:—

There are several things that, in my own opinion, I can do indifferently well, and I suppose you will allow me to take this consolation to myself if I hasten to add that public speaking is not included in the number. If it be necessary to state this fact I am sure that now is the time to announce it, for I am persuaded that after I shall have finished, there will remain in the minds of my hearers no uncertainty in regard to that point. Nevertheless, with eyes wide open to my own short comings, I accepted the invitation to address you this evening, and I am not certain that the logic of the situation is entirely against me. If my motives be narrowly examined and given due weight, possibly it will be found that there are extenuating circumstances, and that, if I cannot be entirely justified, I may, at least, hope to be excused.

I might here cite the precedent established by a friend of mine, a very charming young lady. I overheard, not long ago, an animated conversation between her and another young lady, equally charming, but more sedate. They were discussing young men and their ways—the methods and the difficulties of entertaining them. The graver young lady was saying: "When one is trying to entertain a number of young gentlemen it is so hard, really, to interest them. Sometimes I feel quite discouraged!" "That doesn't trouble me," exclaimed my friend. "That doesn't trouble me a bit! I never think about entertaining them. I just sit up and talk to entertain myself."

I will not avail myself of this precedent, but will simply say that it is a pleasure to talk to you. But a great pleasure is sometimes only another name for a great temptation, as we are reminded by the old Puritan hymn:

"We should suspect some danger nigh
When we possess delight."

This temptation I plead as an extenuating circumstance.

And then, again, I, no less than my betters, would naturally be unwilling to decline so distinguished an honor.

Lastly, I had a reasonable hope that I might select a subject in itself so interesting that, unless absolutely marred or totally obscured in its presentation, it would engage your attention and permit the speaker to hide himself behind his subject-matter. To this end and with this hope I have chosen a topic strictly medical, but, of course, I do not purpose to treat it in a narrow, professional manner, nor to load it down with technical terms. The subject of my lecture is

"CIVILIZATION AND NERVOUS EXHAUSTION."

Civilization and nervous exhaustion! These stand in the relation of cause

*Faculty lecture delivered by invitation at the University of North Carolina, Chapel Hill, March, '04

and effect, as I shall attempt to show.

Civilization is one of the stages in the progress of human society from the simple to the complex. The civilization of to-day is one of the footprints of this ceaseless evolution. Where the uplifted foot shall be planted to-morrow we may not know, but of this we may be assured, that the rise and fall of the patient feet will not cease until time shall be no more. This advance has not been, nor shall it ever be, a triumphant march unhindered by opposing forces. Progress has been made only as battles have been fought and victories won. No battle is fought without losses and it is well to cry "woe to the vanquished!" and yet, when we remember the great price at which victory is bought, we need not withhold our sympathy from the victor. It is my purpose now to consider briefly some part of the price that mankind is paying for the victories achieved by civilization. I shall not take into account the suffering and the deaths in actual battle, nor the maiming and the loss of life inseparable from the operation of so many of the wonderful inventions with which science has enriched our modern life. I shall make no reference to many other obvious evils from which the uncivilized man was exempt. I confine myself to phases of the subject, if not less serious, certainly less terrible. I ask you to consider that large class in every community—those who have lost health and strength, happiness and working-power in the every-day conflicts of civilized life—conflicts, which, though bloodless, are "not without heat and dust."

Civilization blesses mankind in many ways but brings with it innumerable ills to which human flesh is not legitimate heir.

The ills to which I shall direct your attention are all comprised in the term "nervous exhaustion." This term requires some limitation. If taken in its literal sense, it includes more than it is intended to express in medical usage. It is evident that a man in the last stage of pulmonary consumption or crushed by a railway train or seriously ill of typhoid fever, is in a state of nervous exhaustion. And yet, in medical nomenclature, this condition of exhausted nerve-force is not included in the term "nervous exhaustion." This expression has come into use to indicate a certain chronic or life-long state of the nervous system, which has no basis in disease or injury—a condition characterized by lack of vigor, efficiency and endurance, or by symptoms of actual derangements of the nervous functions and therefore affecting all the functions of the human organism. In its widest sense it is used to cover all the groups of symptoms indicated by such names as neurasthenia, nervous prostration, spinal irritation, nervous temperament, nervousness, nervous breakdown and hysteria. The symptoms of this condition are so numerous that a list of their names, with an adequate description of each, would fill a good-sized volume, and so varied, that hardly in any two cases are they identical. Nevertheless, the experienced physician rarely finds any difficulty in diagnosticating nervous exhaustion. All cases, howsoever the special manifestations may differ, have in common these two conditions—deficiency in nerve-force and absence of disease adequate to produce the symptoms.

To gain a clearer idea of our subject, let us admit that a due supply of nerve-force is necessary to the perfect working of the human machine; that this force is continually expended and that it is constantly renewed—in other words, that man has both an in-

come and an expenditure of nerve-force. Speaking broadly and practically, and avoiding the deep things of physiology, we may say that his income arises from seven sources and is expended in three ways.

The seven sources of income are: food, water, air, heat, sunlight, rest, and sleep, and the nerve-force into which these are mysteriously transmuted is used up—first, in maintaining the activity of the internal organs—heart, stomach, lungs, etc.; secondly, in mental operations, and, thirdly, in the moving of muscles.

The conditions thus described are identical with those obtaining in the business world, where a healthy financial state is dependent upon a proper relation of expenses to income.

If a man habitually lives well within his income of nerve-force, if his daily income is more than sufficient for his daily expenses, he not only retains his vigor but lays up a surplus. If, for a compartively short time, he be subjected to fasting or thirst, great muscular exertion, extreme intellectual labor, brain-worry or want of sleep, he draws on this surplus, but, after the strain is removed, he quickly recuperates. But if this strain be continuous for a long time his surplus vanishes and he becomes poverty-stricken in nerve-force. This is the condition known as nervous exhaustion.

Strictly speaking, he cannot be said to have a disease, but, in a real sense, he is a sick man.

The first mentioned expenditure—the outgo of nerve-force to keep up the activity of the internal machinery of the body, being automatic and only to a slight extent under control of the will, we may disregard for present purposes.

Let us consider the other two modes of dissipating the income of vital energy, for, with these two alone, man's conduct is directly concerned.

Everything that a human being does is an expense of vital force and a human being can do but two things—use his mind and his muscles. If I be allowed to include in the word "think" all psychic phenomena, I truly say that a human being can do only two things—think and move muscles, whether he lie at ease and dream of ideal felicity or pick a pocket, charge a battery or preach the gospel.

The conclusion of all this is, that if one thinks and moves to such an extent as to expend more nerve-force than he takes in through food, water, air, heat, sunlight, rest and sleep, he, inevitably, after a time, falls into a state of nervous exhaustion.

If, now, we have a clear idea of the underlying condition, let us consider very briefly some of the ways in which it manifests itself.

In rare instances nervous exhaustion sets in suddenly after some violent shock of mind or body, but in such cases it may be assumed that there was no surplus of nerve-force upon which to draw. Ordinarily it develops gradually. It varies in degree from simple incapacity for sustained mental work to confirmed invalidism. It is not incompatible with great muscular strength, and neurasthenics sometimes present the appearance of perfect health. This, however, is exceptional; they usually have a worn and tired look.

A very prominent symptom is great physical fatigue without obvious cause. Not infrequently on rising in the morning even after a night of sound sleep there is a feeling of utter exhaustion. There are many persons who are good-for-nothing in the morning but feel better as the day wears on, and when night comes are full of life, ready for

any pleasure or duty, capable of an astonishing amount of intellectual labor and reluctant to go to bed even at a late hour. Such a reversal of the order of nature is an unerring indication of nervous exhaustion not yet advanced beyond a mild degree.

Among the minor symptoms are cold hands and feet, inconvenient and disagreeable blushing by way of nothing at all, and an overpowering bashfulness and timidity.

Insomnia is a frequent and an important symptom. Among the most constant symptoms are disturbances of the functions of the brain, as undue fatigue from mental occupation; headache or a sense of fullness, pressure or throbbing in the head; wandering of the thoughts; impairment of the memory, especially when unusually tired; depression of spirits alternating with periods of abnormal cheerfulness; want of initiative; difficulty or impossibility of deciding on a definite course of action; an unstable mental condition oscillating between exaggerated mental activity and indifference, which the nervously exhausted often show by attacking some subject of study with a veritable intellectual furor only to drop it before it is mastered.

Excited action of the brain is also shown during sleepless hours at night, by a riotous succession of mental pictures, clear, definite and vivid, passing through the consciousness with bewildering rapidity and entirely beyond control of the will.

Hysteria occurs very frequently in women—rarely in men.

There is loss of interest in life; despondency, deepening almost into actual melancholia; fear which may be only an exaggeration of normal fear, as an unreasonable dread of diseases; morbid fears often grotesque in character, as dread of open space—fields, city squares and parks and abject terror if compelled to cross them; or, on the other hand, the same feeling in regard to closed space, as churches and theatres. These sufferers are often harassed by fear of becoming insane.

Vertigo is common. Eye-symptoms of all kinds are frequent and these patients are the despair of the oculist.

Palpitation or irregular action of the heart convinces the patient that he has organic heart disease. A tender, aching spine, with numbness in the legs, leaves no doubt in his mind that he has locomotor ataxia.

Nervous dyspepsia is a prominent symptom. Neuralgia is not infrequent. A very common mental state in neurasthenics, is an unconquerable habit of procrastination.

This list might be extended almost indefinitely.

Nervous exhaustion may exist without any definite symptom, the only indication of deficiency of nerve-force being lack of energy and a slack-twisted moral fibre. By reason of such a condition, which often is life-long, many a man, negatively good, becomes a pitiful failure in life—too weak to seize the advantage at a critical moment or too infirm of purpose to maintain it if, perchance, circumstances have thrown it into his hands.

Like perfect machinery inadequately supplied with steam, the most highly endowed human organism deficient in its motive-power of nerve-force, cannot perform its due amount of work, mental or physical. Nor can a man so hindered develop beyond a certain stage—a stage far below nature's evident design.

Nature may give a sound mind in a sound body; capacity to attain distinction in the practical work of the world; the talent of the statesman, or the genius to lead men to higher things—

the clear vision, the sweetness and the light of the poet—the ideals of the artist.

The one so richly endowed, "not disobedient unto the heavenly vision," may feel the divine impulse to do his work and lead his fellowmen; to dream his dreams and give his message to the world; to create his forms of ideal beauty—but if, through wrong-living, he becomes a victim of the untoward effects of our civilization, his divine impulse, at best, remains an impulse and he is lost to the world.

Ignorance and "chill penury" are not more powerful to "repress" his "noble rage" than is nervous exhaustion that paralyzes the hand, lulls the brain into slothful indifference or purposeless dreaming and turns to naught the fostering care of the most perfect environment.

And so, while the world waits its prophet and its leader "some village Hampden" shrinks in nervous dread before "the little tyrant of his fields"—some heaven-born poet dies "a mute, inglorious Milton."

Thus far, I have indulged in some reflections on the fierce struggle by which man has conquered and now maintains his civilization, and stated my belief that this struggle stands in a causative relation to nervous exhaustion. I have defined and illustrated the meaning of that term and described the more important symptoms of the condition. Also, I have held that one of the evils of civilized life—the logical result of wrong-living—is a state of wasted nerve-force, which, without symptoms properly so-called, has kept countless thousands from coming to their own, and that, among so great a number of men and women, it is fair to assume that some were so highly endowed by nature that the failure of their development has been a serious loss to the civilization that blighted them.

Now, let us take a closer view, and, without vexatious details, consider some of the evils which are the necessary results of the conditions under which man now lives in civilized communities.

For this purpose, it is necessary to take typical examples, if we would most easily gain and clearly percieve the facts, from which we may draw logical conclusions. To what phase of life shall we turn to find most perfectly displayed the tendencies and the accomplished results of civilization? Where shall we find the object lesson we seek?

The answer, I think, is not difficult. Dr. Benjamin Richardson, of London, said that every large city, if not reinforced by new blood from the small towns or the country, would perish from the face of the earth in five generations.

This estimate, I believe, is not far from the truth.

The word "civilization" might almost be said to be synonmous with "cityfication," and it is in the cities we must look for the best and for the worst results of civilized life.

As in the large cities the greatest wealth and the most hideous poverty dwell side by side, so in these congested centers of population where the struggle of man with man is fiercest and most unrelenting, we find the most desirable results of our civilization as well as its most pernicious by-products of moral and physical degeneracy.

The citizen of the small town or the dweller in the country is affected by the evils of civilization precisely to the degree in which his mode of life approaches that of the inhabitant of the city.

The man of the country is to be con-

gratulated on what he escapes, but let him not felicitate himself that, by his simpler life, he has solved the problem. In proportion as he has escaped the evil, he has missed the good. The solution does not lie that way.

We might, of course ,avoid all the evils of civilization by not being civilized at all.

Turning now to the city life, perhaps it will suffice to pass in review before the mind's eye—the narrow limits enclosing its teeming population; the trees, grass and flowers confined to little oases here and there; the paved streets, the only playground of swarms of children, too many of whom will fall victims to vice and disease; the conventional mode of life that turns night into day for the pleasure-seeker; the occupations that demand work at night; the dens of vice where greed and appetite combine to ruin the souls and bodies; the never-ending, often hopeless struggle for bare existence; the exhausting race for wealth, in which victory is not for him who, with tired brain lags or falls by the wayside; the nerve-racking battle for precedence in society, compliance with whose artificial and unnecessary demands is no unusual cause of nervous exhaustion.

When we view dispassionately the conditions I have here described, without exaggeration, I believe and consider the effects of such a life on those who have reached the age to participate in its conflicts, it is evident that the results must be serious. But, in my opinion, they are secondary in importance to the far-reaching and almost universal injury done to the young, from the moment the infant is entrusted to the guidance of the mother to the day when the young man or the maiden steps from the school-room to take part in the affairs of life.

The pity of it is that by false methods, by dominance of old ideas, by adherence to conventional notions, by ignorance of nature's laws or by disregard of the pleasant teachings of hygiene, so many of the young recruits become, in the very process of preparation, unfit to bear the burdens that life will lay upon them.

If we would trace the causes of nervous exhaustion to their origin, we must, in many cases, go still farther back, for it is often hereditary.

Confining ourselves, however, to the post-natal conditions, let us give a rapid glance at some of the causes operative in infancy.

"It is hard to train up parents in the way they should go," and we are not always a credit to our children.

Many mothers are very ignorant of baby-hygiene and not seldom, while congratulating themselves on the excellent management of their children during the first few years of life, they are carefully and conscientiously laying the foundations of weak constitutions.

There are many absurd, traditional notions and superstitions pertaining to the management of the nursery.

Hygienic sins in regard to food are not the exception, but the rule, and the mother usually resorts to feeding to induce sleep, when wakefulness is the result of an overfilled stomach, and to relieve all suffering, especially the pain caused by taking too much food.

The habit is general of giving regularly to babies the powerful brain-stimulant coffee.

(Concluded Next Month.)

The *Bulletin* of Chicago's Health Department states that pneumonia is much less prevalent and less fatal this year than usual.

The Diseased Tonsil*

By Clarence Porter Jones, M. D, Newport News, Va. Fellow Medical Society of Virginia; North Carolina State Medical Society; Seaboard Medical Association; Elizabeth City County Medical Society; Newport News Medical Society; Visiting Oculist and Aurist to Newport News General Hospital; The Dixie Hospital, Hampton; the Hampton Normal and Agricultural Institute; Consulting Oculist and Aurist to the National Home for Disabled Volunteer Soldiers, Elizabeth City County, Virginia; Expert Examiner United States Bureau of Pensions, etc.

Admitting that the subject is old and the field broad and that you would be easily bored by a treatise on any subject not within the daily domain of the family doctor; yet we feel that a brief paper treating of the diseased tonsil will not be inappropriate at this time. We will apply our remarks to all diseases of the tonsils of a non-malignant character. The one treatment mentioned later being the only safe and satisfactory remedy for the absolute cure of every case.

Any of us can remember when with very few exceptions the sufferer from tonsillar diseases was told to wait till nature affected a cure by absorption—in other words, he would outgrow the trouble, especially if he be under 35 years of age.

Now we know that no more fallacious theory ever existed than the foregoing. And when the tonsil which was at one time seen protruding to an extent of one-third or more of its volume internal to the pillars, is in after years transformed in shape, being broadened and hid by the anterior pillar, its volume being much unchanged. And also that it is additionally covered anteriorly by an hypertrophy of the mucuous membrane of the anterior pillar, the plica triagularis. The tonsillar mass will now be seen slightly lower down than formerly. This condition is known as the submerged tonsil. Pynchon dubs it the "Degenerate Tonsil."

Owing to the change in shape above mentioned, a superficial examination will be misleading, from the seemingly more space found in the fauces, the so-called Nature cure, is thought to have been made. By making the patient gag you will see the tonsil entire, likewise by palpitation of the finger or probe you can make a study. The importance of such examination cannot be easily overestimated. A most grave, that is to good health, condition can be overlooked and we dare say it is very often the case.

Whenever we find the line of Pynchon, *i. e.,* a red arched line leading downward on either side from the base of the uvula, we examine carefully for tonsillar disease, and usually find it present.

As before stated, it matters not what variety or varieties of diseases, whether hypertrophic, follicular or submerged, just so we have a chronically diseased state, the same treatment applies to all, *i. e.,* a complete and thorough removal by surgical means of the entire tonsillar mass. This applies to cases of repeated attacks of acute tonsillitis also.

It matters but little what instrument or instruments are used, just so a complete operation is done. A very important item is to trim away jagged and rough edges left with tonsil punch forceps, or curved scissors, after the tonsillotome is used. The electro-cautery is also allowable for the latter.

There are many reasons for the removal of the diseased tonsil, most all of which are thoroughly familiar to you. All reasons can be summed up in a few words in my own way of presenting it. The diseased tonsil is like unto a lymphatic gland covered by a

*Presented to the Seaboard Medical Association of North Carolina and Virginia at the Washington, N. C. meeting, December 8, 1904.

very thin mucuous membrane, which suffers from abrasions perhaps more than any other membrane of the body, whose surface is depressed by numerous crypts which retain secretion to decompose and destroy surrounding tissue, making a hotbed of infection to be ever ready to go off into the general circulation.

Another and quite important fact to bear in mind is the constant swallowing of the putrid tonsillar secretion, giving rise to all sorts of gastric ailments; and likewise bronchitis, laryngitis, etc., from entrance of same into the respiratory tract.

We plead for the thorough removal of the diseased tonsil for the fact that it is proven beyond a doubt that the organ has no function whatever after the period of infancy. That its removal never does any harm. That the tone and quality of the voice is never hurt, but usually improved. And also that there is no good sense in having a dangerous, diseased organ in or about the body, when the organ is utterly useless in health, and its removal is attended by a minimum of pain and inconvenience. We believe that it is bad surgery to leave a part of the organ, as there is no authority for leaving diseased tissue in any surgery. Then, too, regeneration often takes place after an incomplete operation.

We use a 10 per cent. solution of cocain, thoroughly rubbed in the tonsil with a soaked cotton-wound probe, taking plenty of time. The operation is done at one sitting. Seldom do we hear much complaint of pain. Sometimes no pain at all is experienced.

In conclusion we will say:

1. That a tonsil once hypertrophied never atrophies in the true sense of the word.

2. That a change in shape from a globular to a flat mass is the rule, when a seeming absorption has taken place.

3. That all non-malignant chronic, and some varieties of acute tonsillar diseases, is treated by the same method —that of total and complete tonsillectomy.

4. That cocain properly and carefully used makes the operation practically painless; and the inconvenience of the same is reduced to a minimum.

Diabetes.

By J. A. Knight, M. D., Eatonton, Ga.

Diabetes Melitus, Diabetes Insipidus, Glycosuria, Polyuria are all conditions, the pathology of which has been closely studied but little understood. While it is true that considerable progress has been made in its treatment, yet no theory has been formulated of its pathological condition and remedies that have been most successfully employed have come about as a matter of experiment. Osler, Bartholow and the best authorities in Europe and America claim that while you may check its progress it is absolutely incurable. It is a disease characterized by an excessive flow of urine which contains sugar in variable quantities and while in Diabetes Insipidus polyuria and Glycosuria we as a rule find no sugar and besides the great inconvenience attending them they are quite formidable maladies and demand attention. They are frequently accompanied with great emaciation and rapid loss of tissue. This may be out of place but the writer in early life showed unmistakable signs of Diabetes, but remained in a fairly good state of health until he began to suffer with boils and carbuncles, the last of which reduced my weight 54 pounds. When I began to convalesce I went to the Halcyon retreat and there a urinalysis was made and urine con-

tained over 5 per cent. of sugar. It was a well-defined case of Diabetes Melitus with all of its attending evils. I remained at the Sanitarium quite a while, loosing every day, when I was advised to go to the White Springs, Fla., and after a month found myself growing worse, with a rapid increase of sugar, and loosing flesh. Then I went to the Gulf Coast with negative results, after which I returned home and resumed my practice, but soon found myself unable, when I went to Storm's Sanitarium, but owing to pains in my back, almost unbearable, I went again to the Halcyon, with same results as upon my first visit. I returned home and Dr. Powell had my urine examined by State Pathologist who found a large per cent. of sugar with casts and a trace of albumen. I then had Dr. Allen treat me at his invalids' room, and the State Pathologist found no improvement in my urine. I was advised to try Tryptogen, a preparation by G. W. Carnick, who claimed to have prepared it on a new principle, but 200 tabletsc showed no improvement and as a *denier resort* I began to take papine in 3 doses. I had already taken opium in good quantities as advised by Osler, Bartholow and others who are considered the best authorities in Europe and America, but unfortunately for the writer I could not use it in any other form than papine. After 10 days I had State pathologist to re-examine my urine and he reported a decided improvement, so I continued it with no other medicine than a laxative as demanded, and it soon became apparent to my friends that I was gaining rapidly. I continued to push it up and a second examination showed not a trace of sugar or any other evidence of diabetes, and in two months I discontinued everything with still no evidence of the disease. Now, I can not explain the *modus operandi* of this treatment from the fact that its pathology is not much understood, but in my case it does not have any unpleasant action upon my stomach and digestion, but it is readily absorbed and assimilated, which doubtless is true with a great many others. It is a great pleasure to witness results with my medicine scientifically prepared and report them to my brethren. I have now four cases under my care, one well advanced. I give no other treatment but papine and will be glad to report efforts,good,bad or indifferent

ABSTRACTS.

Anti-Tuberculosis Work in the United States.

S. A. Knopf, New York City (*Journal A. M. A.,* February 11), reports progress in the organization of the medical profession and the public against tuberculosis in the last few years, including a list of the special sanatori for patients suffering from this disease in the United States and Canada. These appear under various names—hospital, sanitorioum, sanitarium, home, etc. The proper designation, he holds, is sanitorium, derived from the Latin word *sanare,* "to heal," while sanitarium evidently comes from the Latin word *sanitas,* "health," and is usually employed to designate some specially healthy locality suitable for convalescent patients or an institution for the care of nervous and mental diseases. That this is coming to be the general understanding of the term is shown by the adoption of the word sanitorium by all of the more recent establishments and some of the old ones. The term "Home" suggests an asylum, a place where the patient will enter and

never leave, and from his observation he does not think these institutions, as a rule, are as well equipped for curative purposes as are the regular sanitoria. One institution on his list is a seaside sanatorium for tuberculosis children, an institution of special value for this class of cases. Multiple institutions for scrofulous children will be required in the fight against consumption. He speaks highly of special tuberculosis dispensaries, a number of which have been established in the large cities, and he thinks that special wards in general hospitals for this class of cases are next best, though not equal to special institutions. Isolation of consumptives in asylums and prisons is desirable, and Dr. Knopf commends the Agricultural Colony connected with the Texas prison as a worthy example. He holds also that such establishments would be of great advantage to indigent convalescents discharged from sanatoria, especially those who had formerly followed unhealthy occupations. He pleads for the co-operation of the various boards throughout the country in combating the ravages of tuberculosis.

Neuroses and Psychoses.

Dewey in a paper "The Dividing Line in the Neuroses and the Psychoses," read before the section on Mental and Nervous Disease of the American Medical Association (*Jour. A. M. A.*, Jan. 28, 1905), says the writer on psychiatry is tempted to make a classification, and classification is of some substantial good as each effort may contain a germ of truth. Recent writers emphasize the fact that insanity has never been satisfactorily defined. The prevailing definition would put half the nervastherias and hysterias on both sides of the dividing line and between neuroses and psychoses. Runge wrote in 1898 that 'every neurasthenic is, to a certain degree a psycho-æsthesic the question being one of degree only.' Rung's definition is commenced, viz: "Insanity is the symptom of any pathologic process implicating the psychic centers of the brain, hence the border line of sanity and insanity lies at the point where brain disease parts away with brain health; by brain being meant its psychic centers.

The "neurotics" of the public institutions and "nervous prostration" (often a polite misnomer for insanity) of private sanitariums are often differentiated in the length of the purse of the latter, so the hysterics, hypocondriacs and drug victims are cases of mental rather than nervous disease.

"Insanity" means everything or nothing, according to the use made of it by the user. It may mean abnormal mental action, or an offensive or dangerous mental state, suggestive of "lunacy" or possessed of a devil, and is abhorent to the neurasthenic or hysterical. The meaning of the word in law, medicine, common parlance and pschiatry is variable. It is used as a name of a disease, while it only gives a symptom and will eventually become obsolete. Neurasthenics are psychoses and insanities are psychoses in the same sense, and unless there is a radical difference both should be called by the same name. The delirium of fever differs from insanity only in duration and not in kind. Many of the so-called climatic insanities are psychopathic and have experienced attacks of mania or severe neurasthenia in early life and never fully recovered.

Dana proposes that neurasthenics shall largely be classed as "phrenasthenics," thus bringing them under the categories of mental diseases, and this means the obliteration of the line between insanity and so-called neurosis

(hysterical hypochondriaphobias and obsessions), transferring a large group from that of neurology to psychiatry.

"On the whole, I fear I may be accused, in writing on this subject, of writing on something non-existent, or at least on a most vague and indefinite subject, and this I must admit, only urging in my own defense that we are not yet in a position to secure scientific accuracy and will not be until the changes from health to disease going on in the brain, of which insanity is the symptom, can be localized and qualitatively and quantitatively understood. We may appear at present to be going backward, changing and undoing the work of our predecessors, rather than advancing; nevertheless, true progress frequently requires such a process as new lines of investigation are discovered and new working hypotheses are adopted."

Stem Pessary For Dysmenorrhea.

Carstens claims that many cases of scanty and painful menstruation in young girls is caused by overstudy, long hours and close applicaton to mental work consuming the nutrition that should go to the support of the uterus. In these the uterus is infantile. Later the young woman goes to work and neglects exercise in the open air and the uterus atrophies and menstruation is painful. These both need to have the uterus developed by exercise, and for this he advises (*Jour. A. M. A.*, Dec. 10, 1904) the use of the stem pessary. Details of several cases of dysmenorrhea and sterility cured by this means are given and he reaches the following conclusions:

Dysmenorrhea in young girls is often produced by infantile uteri, when it occurs after 30 in virgins, by premature atrophy of the uterus.

The uterus can only be developed by exercise. This is accomplished by the stem pessary, as the uterus contracts and tries to expel it.

Recurring stenosis or flexions are often cured by the stem pessary if kept in for six months or a year.

Scanty menstruation in fleshy women is wonderfully improved by the use of the stem pessary.

Amenorrhea caused by any of the above conditions, or sometimes without our ability to recognize the cause, is promptly relieved in the same manner.

As all the above conditions cause sterility, the latter is often cured by the introducton of a properly fitting stem. Any kind of stem pessary will do, but the hard rubber Chapman is the one used.

All pelvic diseases, ovarian or tubal, must be absolutely excluded. The stem is only used in disturbances caused by the uterus alone.

Tuberculin in Orthopedic Surgery.

Baer and Kunard write of the diagnostic value of Tuberculin in Orthopedic Surgery in the *Johns Hopkins Hospital Bulletin* for January, 1905. Special stress is laid upon its importance in dispensary and private practice as a means of early diagnosis to decide as to the need of surgical interference or other appropriate treatment.

Mode of application: The temperature is taken every two hours for twenty-four hours preceding the inoculation and every two hours for twenty-four or forty-eight hours afterwards. An ordinary hypodermic syringe is used with a longer needle than usually found. The first six or eight hours after using, the taking of the temperature can be omitted. It is better if the temperature is normal before inoculation. A rise of two degrees is neces-

sary to affirm tuberculin reaction, though if there is pyrexia previous to its use the physical signs will often be diagnostic of its reaction. Forty persons were treated at their homes with positive action in twenty-five. Subsequent histories of all confirmed the diagnosis made by the use of the tuberculin except one of recent date and still under observation. The Radiograph was used in fifteen cases.

Two degrees rise in temperature is necessary to constitute a definite reaction and this comes with the first twenty-four hours and lasts twenty-four hours. It may rise to 104 degrees or even 105 degrees. Headache, anorexia, nausea and vomiting usually accompany the pyrexia. In diagnostic work the local symptoms are of prime importance. Examine the suspected joint previous to the use of tuberculin for deformity, motion, local temperature, pain, etc. If tuberculosis is present, motion will be more limited, deformity will be increased, tenderness and muscle spasm will be exaggerated, after the use of tuberculin, and the diagnosis can be made from these alone.

Observers generally are agreed now that tuberculin is harmless in its effects.

Tuberculin is an unstable product and should be kept in a cool, dark place. One observer advises that a fresh bottle of stock solution should be opened once a month. The carbolic solutions for injection should be freshly prepared for each case.

"Our own work, when taken in conjunction with that of others, would appear to justify the following conclusions:

"1. Tuberculin is the best and most reliable diagnostic agent for incipient tuberculosis of bones and joints.

"2. Its proper administration is attended by no permanent harmful effects.

"3. The dosage is variable and it is rarely necessary to exceed a dose of 6 milligrams.

"4. The local signs are of equal, if not greater, importance than the general reaction, in bone and joint tuberculosis.

"5. Tuberculosis practically always reacts to tuberculin.

"Diseases other than tuberculosis may possibly react on tuberculin, but the evidence on this point is not conclusive.

"7. The diagnosis of tuberculosis can be made earlier and with more certainty by means of tuberculin than by radiography.

"8. The tuberculin test is applicable to private and dispensary as well as as to hospital practice."

Voluntary Admission of Insane.

Russell read a paper before the American Neurological Association at St. Louis last May (Canadian Pract. and Rev., Dec.,' 04), in which he takes the ground that certain classes of neuropathetics, on the borderland of insanity, should have the right of voluntary admission to hospitals for the insane. He holds that such a course would do much to break down the popular prejudice against these institutions. The present vigorous methods of admission with examinations by physicians, magistrates and perhaps juries has the effect of delaying the ordeal as long as possible. Incidentally he speaks of a receiving ward in general hospitals thoroughly equipped for neurological work and reaches these conclusions:

"In conclusion, we should make a strong effort to popularize our institutions by convincing the public that we

can do much for them; that mental disease may be cured like physical disease, and the one may be concurrent with the other; that successful treatment will be largely in proportion to the early opportunity of dealing with it.

"Many of the mental disorders are functional rather than organic, but with delay in treatment there is always a danger of the formation of a morbid brain habit, which tends to chronicity. Early removal from home environment is a *sine qua non* to successful treatment, where morbid habits of thought can be counteracted under the discipline of instituional life. There is little doubt that delay in early treatment is the chief reason why all our institutions for the insane are loaded up with such a mass of chronic cases that have passed beyond the region of hope.

"Ample provision should be made for all ranks and conditions, with sufficient isolation and other comforts to meet the social requirements of each. The pathway to the institution should be made inviting, and all red tape formalities and other consumers of valuable time should be abolished. The doors should stand wide open for the admission of all incipient and acute, and no case should be allowed to reach the chronic stage until science and skill shall have exhausted their best resources."

Prevention of Venereal Diseases.

Pudor, in a paper read before the Maine Academy of Medicine and Science (Jour. Med. & Sci., Jan., '05), claims that the medical profession is one universal board of health, and as such has waged for centuries and is still waging a peaceful warfare against so-called preventable diseases. Its work in tuberculosis is noted, and now venerial diseases, of far more danger to the community, demands its attention. Authorities claim that 75 per cent. of the male population has suffered from gonorrhœ, and 10 per cent. from syphillis. Gonorrhœ is the most prevalent as it is the more far-reaching in its effects—attacking every organ of the body, rendering the sufferer incapable of earning, annulling the power of procreating, in many instances producing death, and is almost an incurable disease. Its latency and the evils of infecting the wife after marriage is dwelt upon, and the large percentage (50) of abdominal sections in women made necessary by this trouble is noted.

The failure of State or legal regulation and restriction of prostitution to control the situation is reviewed, and its difficulties shown, since a prostitute may be clean at examination and yet contaminate several individuals before another examination is made, even if the law is strictly enforced, and for every legalized prostitute there are two clandestine ones. The result of rigid enforcement of these laws in European countries, even to the beheading of a convicted prostitute was not the suppression of the evil, but its augmentations under the cover of home and family, where husbands prostituted wives and parents their daughters.

The remedy lies in education. The physician must impress the patient with the gravity of the disease, and invade the homes, the churches and the schools to prevent others from becoming our patients. Children will learn of these things, and it is better that they should learn them correctly and properly. Parents are much to blame in not giving proper instructions, in countenancing street gatherings, mixed schools and public dances. They should demand a healthy as well as a wealthy son-in-law.

"Finally, I realize that all these re-

forms involve a great change in the attitude of the public in regard to violations of the moral code. Moreover, society closes its eyes when these matters come before its view, and in its overwhelming modesty it cannot hear them spoken without a blush. This false modesty must be shocked and the public must openly recognize the frightful evil of prostitution and its results. The open agitation of the matter must be allowed. For years physicians have discussed these subjects, but the results of the discussion have never gone outside the door of their meeting place or the pages of their journals. Public lecturers and the public press must engage in the work; lawyers, business men, teachers, ministers must make it a part of their work to help the people to avoid the dangers of venereal disease. It is a vile blot on civilization and teems with vile matter, of which we now hesitate to speak, still, modesty or no modesty, the subject must be discussed openly, and when the great body of the public understands the dangers that exist in prostitution and kindred evils, it will demand protection from venereal disease as it does now from small-pox. Then the prevention of venereal disease will be a possibility and not until then."

Hysterical Movements.

In a symposium of Chorea and allied movements before the American Medical Association, Dr. H. T. Pershing presented a paper on Hysterical Movements (Jour. A. M. A., Feb. 11, '05). This is a functional trouble and the possibility of organic disease must be eliminated. Hysterical movements are always of muscles that are under control of the will, and a part of a muscle never acts alone; though some organic diseases or other functional troubles may produce similar movements. Regularity of the movements as to time is a very strong indication of hysteria. Prominence of ideas or emotions as an exciting cause are suspicious of hysteria. Rythmical motions, either slow, deliberate, fast, irregular or regular, are hysterical or post-hemiplegic mobile spasm, and the history will clear up the latter. Highly co-ordinated movements, as jumping, dancing, crawling on all-fours, either with or without impaired consciousness, are indications of hysteria. Jacksonian epilepsy and hysteria may be confounded, but in the former there is rise of temperature, partial paralysis of the part convulsed for some hours or days, and the urine for twenty-four hours shows a diminution of total solids, while in the latter there is no rise in temperature, and the total solids of the urine is increased. He reaches the following conclusions:

"In prognosis and treatment we must be guided mainly by the principles applicable to hysteria in general. The disease being functional and having its origin in idea and emotion, a cure is always possible, provided false ideas may be correcetd and emotional serenity obtained. On the other hand, hysterical movements are generally obstinate in their persistence; hysterical chorea, for example, has a longer average duration than genuine chorea.

"The patient must be encouraged to expect a cure. A straightforward physician may be at a disadvantage in not being ready to promise as much as a charlatan, but he should choose to err, if at all, on the side of cheerfulness and overconfidence, for this is a case where "he who doubteth is damned." The patient should be taught to be vigorous in carrying out his voluntary actions, but to relax the muscles when at rest, and not to attempt to hold back the objectionable motions by force, but

rather to let them go on as they may while trying to divert attention to something else. When any action is harmful it ought not to be thought of at all; even resolving not to do it makes the idea of it vivid and tends to start the pre-arranged mechanism into action. Systematic gymnastic exercises may be made very useful, but they must not be excessive, and their oversight cannot be safely entrusted to a "professor" of physical culture. Any local disease or defect causing iritation should be properly treated without magnifying its importance. Impairment in general health may require attention, and the systematic rest cure may be the best means of improving nutrition, but mental influences will always be paramount in importance. If the patient's mental processes cannot be happily directed all the rest will be of no avail; if they are so directed all the rest will be easy."

The Use of Sulphate of Copper.

Alone and in Combination will Lime for the Destruction of Mosquito Larva, as a Deodorant, and as a Disinfectant.

(*Medical Record.*)

A series of experiments were begun at the New York Quarantine Station this year at the instigation of Dr. Doty, health officer of the Port of New York, in regard to the value of copper sulphate in sanitation. The investigation covered the following points: (1) The use of copper alone or in combination with lime, for the destruction of mosquito larvæ; (2) as a deodorant; (3) as a disinfectant.

It was found that the copper uniformly acted best in combination with lime. Numerous experiments were made with weaker and stronger solutions. It was found that one pound of lime and one pound of copper dissolved in ten gallons of water and added to fifty gallons of water offered the best and most constant result. The larvæ contained in the water in which the copper and lime alone or in combination were added very soon became inactive and at the end of twenty-four to thirty-six hours a large percentage were dead. Sewer water in which decomposed meat or fish had been added became beautifully clear in eight or ten hours. Chemical examination at the end of twenty-four hours failed to detect the pressure of copper. The explanation of this is that insoluble copper hydrate and the slightly soluble calcium sulphate are formed and that the precipitation of these carries with them the organic matter in the water. As the organic matter is the food of the larvæ they slowly die. As a deodorant the action of the same solution of copper and lime is pronounced and exceedingly satisfactory. Sulphate of copper has a strong affinity for sulphur forming with it insoluble sulphides. The offensive odor from decomposing vegetable and animal matter is commonly caused by the formation of sulphur compounds. This largely explains the value of this agent.

It was found that a solution of 1-10,000 copper sulphate killed typhoid bacilli in tap-water in one hour. In distilled water a 1-100,000 solution killed in two hours. In water taken from street sewers a 1-1,000 solution was required to kill typhoid bacilli in one hour.

In summing up, he states that petroleum is better than copper sulphate where constant supplies of vegetable matter are added, in stagnant pools, the copper is more permanent. Finally, they should be employed only where it is impossible to carry out proper drainage.

Ergot in Drug Addiction.

Livingston believes that the habitual use of such articles as alcohol, opium, absinthe, chloral, cocain, etc., produces similar strains of nervous symptoms. He antagonizes (Albright's *Office Pract.*) the theory of the habitue being a subject of a specific disease. Doctors are to blame in administering these remedies or in too large or too long continued doses. Cases demanding these drugs for their nervous condition or a disturbance of the vascular system in the nerve centers and the circulating disturbance is due to paralysis of the sympathetic or vasomotor centers, and these can be better met by the use of ergot than by other drugs.

His plan of treatment is to suspend at once the use of the drug. Give a cathartic. Feed with highly nutritious food. No alcoholic preparations. Commence at once with the hypodermic injections of ergot. Unless you can be sure of preparing aseptic solutions, buy those ready prepared, or prepare as follows: 1 dr. Squibbs solid extract ergot, dissolve in 1 oz. steril water, filter add two minims of chloroform. Shake gently. One-half dram of this solution is used for a dose, given in accordance with the quantity of the drug previously used—from three doses a day to a dose every two hours. He claims absolute cure for the plan, but advises the use of diminishing number of doses daily after two or three weeks to properly tone up the system.

Value of Ergot in Labor.

Dr. J. C. Applegate, in a paper read before the Phil-Obstetrical Society (reported in Jour. Med. & Science, Jan., '05), condemns the frequent use of ergot in labor. Its dangers when prematurely administered are: rupture of the uterus, asphyxiation of the child or paralysis of the fetal heart from compression, retention of the placenta and membranes.

Ergot is indicated as a safeguard after delayed labor, or when inertia has been a factor, after placentia previa and reposition of the inverted uterus. The method of administration may be by the mouth when indicated for the prevention of hemorrhage, but should be administered hypodermically for the control of hemorrhage. For the sole purpose of preventing septic infection, in the judgment of the author, it is practically of no value. The labor conducted aseptically, it is not indicated; if septically, and the uterus normally contracts under the influence of compression, the too complete locking within the uterus of blood and excretia intended to be liberated, the further contraction of the muscles and aterioles and dilatation of the veins under the influence of ergot, rather favors the absorption of septic material.

Spirits Chloroform for Pneumonia.

McCartey, in a paper before the Pennsylvania Medical Society (Pa. Med. Jour., Jan., '05), extols the use of spirits of chloroform in doses of twenty drops every fifteen minutes for six doses in the treatment of pneumonia. He claims that this often aborts the disease, and will nearly always cut it short. Its action is not discussed except to say that possibly some of it is broken up in the circulation and chlorine set free, thus enabling it to act as a germicide. It is most useful in the early stages of the disease and its action is enhanced by the use of aconite. Other adjuncts are sometimes used to meet indications, keeping the name of the disease in mind only because it suggests conditions.

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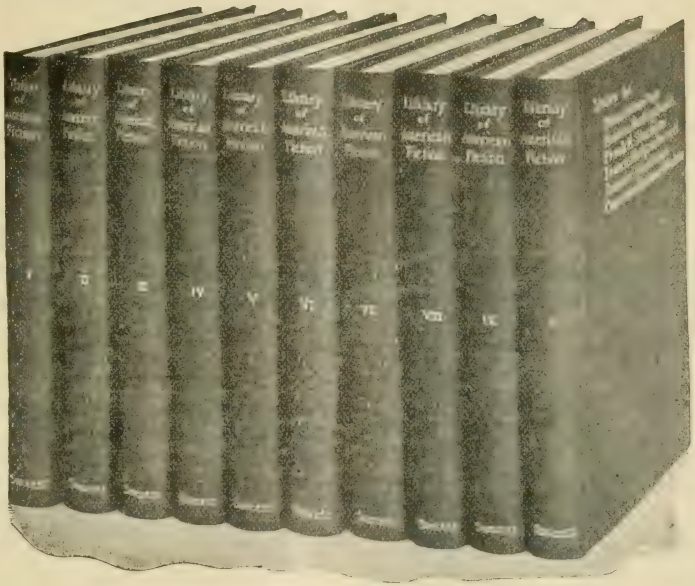

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Serum Treatment of Pneumonia.

Prof. J. M. Anders has made an exhaustive study (*Jour. A. M. A.*, Dec. 10, 1904) of this question, reviewing and tabulating 535 cases from various sources and reaches the following conclusions:

1. A sufficiently extensive trial of the antipneumococcal sera has been made to determine with a reasonable degree of accuracy their efficiency, and the results, as a whole, fail to carry conviction.

2. An efficient serum, or one that will cut short the pneumonic process, is yet to be produced, although according to some clinicians, the sera available at present have a restricted field of usefulness.

3. Recent observers have employed the serum in massive doses from the commencement of the disease without gratifying results.

4. The practical results of the use of antipneumococcus serum, as shown by the very slight reduction in the mortality percentage, does not warrant its general introduction.

5. The sera thus far found possess no antitoxic qualities, and their supposed anti-infectious properties have not been proven.

6. Further investigations into the subject with a view to discovering an efficacious serum are to be strongly advised and encouraged.

Longevity in Warm Climates.

Statistics seem to show that living in subtropical climates is conducive to length of days. According to the *Mexican Herald*, men and women beyond the one hundred year line are common in that country, and Spain, with its relatively small population, is said to number 401 centenarians among its inhabitants.

The Carolina Medical Journal.

A Monthly Journal of Medicine and Surgery.

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EDITORIAL.

Quinine in the Treatment of Pneumonia.

In view of the universal prevalence of pneumonia, its fearful mortality and the chaotic state in the minds of the profession relative to treatment, any measure that offers relief, even though it may me semi-empirical, should have careful consideration.

It has been claimed that if we know the cause of a disease, we will find a remedy. For several years the profession has accepted the theory of a bacillus as the etiological factor, not in toto, but at least the larger majority, hold this view, and it is a fact and not a theory that a bacillus is found in 75 per cent. of all cases. The treatment has been largely dirceted to meet this theory of its etiology, even to the preparation of a special serum designed to combat the bacillus, but we are forced to confess that our death rate is not decreasing, and the serum treatment has not so far proven a success.*

There is an under-current of doubt, or, perhaps, only a suspicion in the minds of the profession as to the stability or soundness of this position, and without stopping to enlarge upon these facts we proceed to notice the views advanced by Dr. W. J. Gilreath, of Sonora, Mexico, relative to treatment of pneumonia by large or excessive doses of quinine and iron.

Dr. Gilreath has written two papers on this subject: the first, "The Crisis and Treatment of Pneumonia" (Journal A. M. A., July 9, 1904; abstract Car. Med. Jour., Sept., 1904.), and the second, "Fifty Consecutive Cases of Pneumonia without a Death" (Journal A. M. A., Jan. 28, 1905). He discusses the etiology only superficially, but his opinion of the prevailing theory can be gained from a quotation from the first paper: "It is evident we have become resigned to the expectant line of treatment, anxiously awaiting the discovery of an antitoxine to cure pneumonia or a serum that will immunize the public. The earlier we accept the situation and settle down to ration-

*See abstract in this issue of Journal—"Serum Treatment of Pneumonia."

al medicine, discarding those ridiculous theories of its contagion, transmissoin, indisposition and its questionable etiology, the better off we will be." He looks upon the so-called crisis as a misnomer, and fails to find it under his plan of treatment. No evil attributable to the remedy follow the excessive uses of quinine, not even cinchonism, unless it is pushed after the subsidence of the acute symptoms. If the efforts expended in etiology and bacteriology were directed to treatment we would accomplish greater good. He believes Friendlander's discovery of the pneumococcus a direct evil, and further that a combination of microorganisms or their products are etiological factors in the production of pneumonia and there are probably tissue changes elsewhere in the body preceding active involvement of the lungs.

The treatment is essentially large doses of quinine—30 to 75 grains as the initial doses, followed in one to three hours with half the original dose, given in accordance with the temperature—105 degrees or over demanding 60 grains, 104 degrees 50 grains, etc. Seven to fifteen minims of Tr. Chloride of Iron are given every three hours. Hydrotherapy, ventilation and sunlight are used as adjuvants. So-called heart stimulants — nitro-glycerine, strychnia digitallis—are tabooed.

No theory as to the physiological action of the plan of treatment is advanced other than the general tonic and suppertive effect of the measures instituted. Personally, we have no experinec with the large doses recommended. Bartholow advised the use of 20 to 40 grains of quinine in the beginning of congestion nearly two decades ago, but the measure has not been accepted to any great extent in treating pneumonia. We know that quinine in large doses is a depressant, that it inhibits the activity of the white blood corpuscles, suspends the oxidizing power of the blood, and impairs its power to transport active oxygen or ozone, and hence ordinarily would be contra-indicated in a disease where oxygen action and stimulations are so essential as in pneumonia. Yet in view of this we have here a report of fifty consecutive cases, treated with excessive doses—one seemingly almost moribund receiving 115 grains of quinine in one hour, without a death. The author claims that he has seen no heart depression from these doses (given during the stage of congestion), but on the contrary, the heart's action is stimulated and peripheral circulation as well.

No claim is made as to the shortening of the duration of the attack, and the reported cases do not indicate that it is. Pain is relieved, temperature is reduced, cough is allayed, and the most desirable feature of all the patient is cured.

Rational medicine teaches us to look for cause and effect, but it also teaches to accept any demonstrated cure for disease, and seek the wherefore later. Quinine was used imperically in the treatment of malarial fevers for over two centuries before its manner of action was known, and there is no reason why a more extended trial of quinine and iron should not be given in the treatment of pneumonia. Further observations on their use is essential before they can be accepted as of permanent value. The conclusions reached by one observer are of value, but the importance of this question demands that it be thoroughly investigated.

Two questions arise for consideration: Is the accepted theory of the pneumonococcus as the etiological factor in pneumonia the only and cor-

rect one? Has quinine an inhibiting or destructive effect upon the pneumococcus similar to its action upon the plasmodium malariæ?

In applying this form of treatment it is well to remember that the quinine in the large doses is given in the earlier stages, *i. e.*, that of congestion, and the iron is given in increasing doses—one or two minims being added daily. Sponging, nutritious diet, ventilation and tonic doses of quinine are depended upon for the latter stages.

J. D. R.

Fool or Physician.

There is an old proverb which runs: "A man is a fool or his own physician at forty." Like all other proverbs, this one may mean much or little, according to its interpretation. It is rather easy to utter sententious epigrams; another question to have them express the meaning intended. Our text, however—which, by the way, is anonymous and often misquoted—states a wholesome truth in an attractive and unambiguous fashion. Slight shades of difference might arise in making a close analysis; but the evident purpose is to say that at the age of forty a man should have learned how to take care of himself or else he is relegated to that class who are deficient in intellect. Preventive medicine, the highest aim of the physician, must be mastered by each man for himself during the twenty years after the age of maturity. Not to do this is to dub himself a fool.

Testimony is not wanting to show that at the age of forty most men have attained the zenith of their individual power, both mental and physical. Scores of them do greater things after this period and many reach their full development earlier. Nevertheless, forty is the time at which most of them take earnest thought of what has gone before and arrange to press forward for whatever may be ahead. Some are wont to refer to the post-forty days as the "shady side." This, and perhaps all of it, depends upon the man. At least, one has a truer measure of his own life as he rounds out the fortieth year and learns to know what he does not know. Young (in "Night Thoughts") tells us:

"At thirty, man suspects himself a fool; knows it at forty and reforms his plan."

This realization ought to be swift and sure, for we are warned by the same author ("Love of Fame") to

"Be wise with speed;
A fool at forty is a fool indeed."

At all ages it is meet for every one to understand that the way to perfect health is by right living. The key to this may be found in another epigram: "Know thyself." Nature makes a contract with each individual. She says to one man: You can do these things without paying a big price for it—and possibly he does not live right according to the ideas of others. She says to another: You must pay me well for the privilege of living. Read the terms of your contract. The bonds mature at forty.

It is hardly necessary to say that knowledge of one's self and of the laws of the universe is not the only safeguard, since physicians themselves are notable and frequent offenders. It is unfair and vulgar to hurl back at them to practice what they preach. The effect of good advice should never be destroyed by criticism of the advisor. The performance of the duty suggested in the text is a matter more of morals than of mind, of the will rather than the intellect, of common sense rather than technical knowledge. Un-

der this particular count, then, we may withdraw the old accusation that a doctor who is his own physician has a fool for a patient.

H. A. R.

Editorial Notes and Comments.

The majority of our readers already know that the osteopath bill before the Legislature failed to pass. A strong fight was made by the friends of the measure before the legislative committee on public health, but the committee decided to report the bill unfavorably. There was no organized effort against it in the committee meeting, though many physicians had written the members of the committee protesting against the passage of the bill, and a few county societies had passed resolutions to the same effect, which were before the committee.

The need of a Laboratory of Hygiene under the direct control of the State Board of Health has been recognized for some years. The present plan of making biological examinations for suspected contagious diseases is, of course, better than none, and for the aid it has been to physicians and the public health, we are thankful. Under the increased work upon the laboratory of the Agricultural Department, even this may be denied us in the future. There is a bill before the Legislature, at this writing pending in the Senate, creating a State Laboratory of Hygiene, which we sincerely trust will pass. The following is the text of the bill:

AN ACT TO ESTABLISH A STATE LABORATORY OF HYGIENE.

The General Assembly of North Carolina do enact:

SECTION 1. That for the better protection of the public health and to prevent the spread of communicable diseases, there shall be established a State Laboratory of Hygiene, the same to be under the control and management of the State Board of Health.

SEC. 2. That it shall be the duty of the State Board of Health to have made in such laboratory monthly examinations of samples from all the public water supplies of the State. The board shall also cause to be made examinations of well and spring waters when in the opinion of any county superintendent of health or any registered physician there is reason to suspect such waters being contaminated and dangerous to health. The board shall likewise have made in this laboratory examinations of sputum in cases of suspected tuberculosis; of throat exudates in cases of suspected diphtheria; of blood in cases of suspected typhoid and malarial fever; of fæces in suspected cases of hook-worm disease, and such other examinations as the public health may require.

SEC. 3. For thes upport of the said laboratory the sum of two thousand dollars is hereby appropriated, and an annual tax of sixty dollars, payable quarterly, by each and every water company—municipal, corporate and private—selling water to the people, said tax to be collected by the sheriff as other taxes and paid by said sheriff to the Treasurer of the State Board of Health, and the printing and stationery necessary for the laboratory to be furnished upon requisition upon the State Printer.

SEC. 4. Section 17 of chapter 159 of the Laws of 1903 is hereby repealed.

SEC. 5. This act shall be in force from and after its ratification.

The danger to life and limb in railroad travel is looming up in gigantic proportions of late months and a close

study of the situation confirms the opinion that steps should be taken to lessen the casualties,running up in almost progressive ratio for the past fifteen years. The public press is speaking out in no uncertain terms and the medical profession cannot afford to withhold its voice and influence on any question touching the lives and personal injuries of its fellow citizens. The present system of running railroad trains solely for the dollar there is in it, regardless of the safety of employee and passenger is dangerous in the extreme. Travel is a necessity and the public demands and insists upon quick transportation, and herein the public is partially to blame. Still the fact remains that traffic managers do not adequately safeguard the interests of the public. In the United States for 1904 there were, not including tresspassers, over 55,000 persons killed and wounded in connection with railroad travel. In England with a denser population, one death occurred in fifteen months. In England the block system is compulsory, and the people are demanding it in this country.

Poisoning by Antiseptic Tablets.

Dr. L. W. Brown reports in *The Central States Medical Magazine* for November, 1904, a case of poisoning, taken with suicidal intent, by the antiseptic tablets of corosevive sublimate, usually kept in stock by all surgeons or physicians who do even minor surgery, as well as in drug stores. The ease with which they can be obtained and the dangers surrounding their use, make it a pity they were not included in the anti-morphine bill.

Anti-Morphine Bill.

Another item of interest to the profession is the passage of the bill prohibiting the sale of morphine, cocaine, etc., the introduction of which was noted in our last issue, and is now law.

Death of a Representative.

Dr. C. W. Phipps, member of the House from Watauga county, died in Raleigh on Feb, 9th, 1905, of pneumonia, after an illness of four days. Dr. Phipps was a man of ability, had been in the practice of medicine twenty-two years, and had built in that time a very extensive practice. It is said of him that the night was never too dark, the weather too cold or the roads too rough for him to refuse a call to anyone needing his services, and that without hesitating to question the probability of the fee being paid. This is saying a great deal for the section in which he lived and practiced is exceedingly rough, both as to weather and the roads. We know, for we have tried it.

Fifty Consecutive Cases of Pneumonia Without a Death.

Since writing the editorial on Quinine in the treatment of pneumonia, in this issue the following has been found and clipped from the *Jour. A. M. Med. Association,* which we most heartily endorse:

Scotland, Pa., Feb. 2, 1905.

To the Editor:—I just read with much interest the article by W. J. Galbraith, M. D., in *The Journal,* January 28, page 291, also the article by the same writer in *The Journal,* July 9, 1904, page 108. Dr. Galbraith has certaily been most fortunate in his treatment of pneumonia by the heroic use of sulphate of quinin, and he certainly deserves credit for the fearless expression of his convictions. With the march which this disease, "the captain of the men of death," is making annually, it is of the greatest moment that any suc-

cessful manner of combating the power of the disease be recognized by the profession. With such apparently fortunate results by use of these large doses of sulphate of quinine that Dr. Galbraith reports, one naturally feels an honest desire to know whether this method might be the sheet anchor of the disease, or whether Dr. Galbraith was simply fortunate in the results. I am convinced that many members of the profession would be glad to read the opinions or conclusions of others regarding the probable success by this manner of using quinin in pneumonia.

JOHN J. COFFMAN.

Selections From Our Exchanges.

The Recruiting Field of the Great White Plague.

LA GRIPPE: ITS ALKALOIDAL TREATMENT

(By W. C. Abbott, M. D.)

As usual we have had and shall doubtless still have many and unpleasant experiences with epidemic catarrh before the spring weather puts a stop to its ravages for another six months. None too rapidly the serious character of this disease is being recognized and we no longer speak lightly of a case of la grippe. None too soon, either, has the fact been realized that the coal-tars are the worst possible remedies to use in this disease, except perhaps for immediate relief in some cases in which the importance of the exigency outweighs the danger and the damage that may be done. It is with the idea of impressing these two points more forcibly that we thus call attention to them and what we believe to be the rational method of treating influenza of the epidemic variety.

It may be accepted as a maxim that where the bacillus of Pfeiffer has gained access, there, subsequently, is a suitable field for the tubercle bacilli. We are aware of the frequency with which pneumonia, pleurisy, neuritis, cardiac neuroses and pericarditis follow la grippe; indeed it is the aftermath which is the most fatal. But do we realize just how frequently the la grippe patient becomes a phthisical subject? Those who have had the widest clinical experience and have been able to follow their cases most closely know that the proportion is fearfully great.

We cannot divest ourselves of the feeling that the treatment generally followed has more than a little to do with this state of affairs and we have reasons for so thinking. La grippe weakens the entire system; it affects particularly the cells and mucosa of the respiratory tract. The toxins generated invade the blood-stream (greatly to the detriment of the vital fluids) and it is safe to say that after a severe spell of influenza every organ of the body is more or less damaged. Yet the patient in this condition is too often filled with opiates and antipyretics; the symptoms are smothered and systemic apathy encouraged so that the victim, because he feels less acutely ill, may deem himself first "better" then "well," while the truth of the matter is that he has never been so dangerously sick as at the moment of his discharge.

Anaemic, with low vitality, toxin-laden and functionating fifty per cent. below normal the "cured" grippe patient is apt to fall a victim to any or every disease; at any rate is prone to and usually does relapse repeatedly, and when a patient has relapsing grip, look out. Hence, undoubtedly the large number of fatalities which are attributed to post-grippal "complications."

The bacillus of Pfieffer is not so deadly a germ in itself but it prepares the field for other and more dangerous invaders in mixed infections and it becomes the business of the physician to recognize this fact and counteract the condition.

To start at the beginning, the man or woman who falls a pray to grip is, in nine cases out of ten, generally "out of kilter." The first thing to do with such a patient is to render him as nearly normal as may be. He must be cleaned out; eliminatioon must be stimulated and every function must receive attention. Renal and hepatic torpidity is almost invariably present and a blood-count will reveal a marked decrease of the red cells. An examination will disclose various disorders of the urinary chemistry and the exhibition of proper remedies will make it evident that the intestinal tract is teeming with waste toxin-producing matter. To relieve the fever of such a case with antipyrine or codeine, and do nothing else, is to commit a serious error. Even the salicylates are out of place save in small doses and as a minor remedy.

The proper treatment of grip is, roughly speaking, as follows: As early as maybe, administer a mild mercurial (blue mass one grain or calomel gr. 1-3) every hour until four doses have been taken. The addition to each dose of leptandrin and podophyllin (gr. 1-6 of each) will give better results. One hour after the last dose give a saline draught and repeat this in three hours. You will be astonished at the amount and character of the stools. From the first, exhibit hourly or oftener according to symptoms small doses of aconitine, digitalin and strychnine, adding quinine salicylate, gr. 1-6, to each dose. As soon as the bowels have moved freely the hyperpyrexia will cease to be a feature and the aconitine may be withdrawn. Nuclein in ten-drop doses should be given every four hours and (after the bowels have acted) at least fifteen grains of the sulphocarbolates at the same intervals. Fever being reduced, bowels empty, and in the process of being rendered aseptic the digitalin may be changed for cactin or the patient receive cactin one, quinine salicylate one and strychnine arsenate one (gr. 1-67) every three hours.

At this stage the specific catarrhal and toxemic conditions should receive attention. Calcium sulphide gr. 1-6 is given hourly, calcidin gr. 1-3 being added to every other dose. This medication with morning and evening saline draughts is continued till all distinctive symptoms have ceased—usually on the third day. If each night one hour before retiring a dram of sweet spirit of niter is exhibited with a glass of cold water, results are better. Nourishment must be of concentrated and fluid form, a little being given often. The patient must remain in a room at 70° F., and should receive a warm sponge bath daily. If an enema is given the first night, so much the better. The mouth and nares should be washed out frequently with a mild alkaline antiseptic solution and the nares swabbed with carbolated vaseline.

The acute stage over, place the patient upon calcidin in tablet, hydrastin one granule and quassin two, these things being taken one hour before meals; after eating order two triple arsenates with nuclein, and morning and night ten drops of the latter absorbed from the buccal mucosa. Thrice weekly have a saline taken on rising and the night prior some mild cathartic—the aloin, atropine and cascara compound is excellent. If there are signs of cardiac weakness cactin may be added to the before-meals medication. La grippe patients treated by this method recover promptly and enter the convalescent

stage in the very best condition.

Be sure your grip patients are well, genuinely well before you discharge them.—Alkaloidal Clinic.

State Board of Medical Examiners of South Carolina.

According to the new medical practice act, only one regular examination is held each year—beginning on the fourth Tuesday of April. No person who shall have graduated later than February 27, 1904, (date of passage of the act), shall be eligible for examination without evidence—in addition to sufficient preliminary education—that he or she is a graduated M. D. of a recognized college requiring four full courses of lectures of at least 26 weeks each (no two courses being in the same year), and presents a certificate vouching for these facts. All such graduates are exempt from examination in the junior curriculum (which includes General Anatomy, Physiology and Histology, Materia Medica and Medical Botany, Chemistry and Medical Physics, Bacteriology and Pathology), but such graduates must be examined on the senior curriculum, which includes Regional and Surgical Anatomy, Practical Hygiene and Sanitary Science and State Medicine, Practical Urinalyses and Urinary Microscopy, Therapeutics and Toxicology, General and Special Surgery and Surgical Procedure, Practcal Medicine and Diseases of Children, Practical Obstetrics and Gynecology, Medical Jurisprudence and Toxicology. The board is empowered, without examination, to endorse, upon receipt of license fee of five dollars, licenses issued by other State boards having an equal standard, *provided* said other State board accords to the license of the South Carolin State Board the same courtesy. A fee of $5 is required of each applicant for examination, which will be refunded in the event he or she fails to pass.

In many respects the South Carolina law (of which we give only a partial abstract) is excellent; but we regret very much that the fee of only $5 is fixed, which has to be returned unless the applicant receives the certificate of the Board. Such a fee will not pay the expenses of the Board, nor allow a compensating per diem to members. It is to be remembered that many days of hard work have to be given to papers even after the return of members to their homes, for which some compensation should be allowed. During the days of the session of the Board the members have to absent themselves from their homes and their practices, which is a very decided loss of money. And no one who has not been a member of such a State Board can appreciate the annoyances of correspondences and personal calls—especially of those fairly and squarely rejected. A fee of not less than $10 is, in all conscience, small enough, and such a fee should not be refunded if the applicant fails. The same service is rendered by members of the board in the cases of the unfortunates; and while the fortunates receive congratulations, the unfortunates are a tax upon the sympathies of the examiners, for which he should be paid, if he discharges his duties faithfully.—*Virginia Semi-Monthly.*

Dr. Frank P. Foster has just passed the quarter of a century point in the editorial fraternity. As editor of the New York *Medical Journal,* he has earned a world-wide reputation for all that is good in our profession. The CAROLINA MEDICAL offers its sincere congratulations and best wishes.

A Muzzling of the Press.

Whatever one may think of the ultimate designs of Thomas W. Lawson in his revelation of the doings of the Standard Oil Company there is a general feeling that the revelations are good for the public health. Lawson may be a thief set to catch thieves. But the thieves need to be caught and if ever there was a system of thievery that has been made respectable by the very amount of the stolen goods, it is the "system" which Lawson is attacking.

Henry W. Rogers has tried to get the coming issue of *"Everybody's Magazine"* excluded from the mails. He failed in that. There would have been an outburst of wrath from the people at such interference. And the next move was the warning to the American News Company, the distributor of periodical literature, with which *"Everybody's"* has a contract, that it would be sued for libel for such distribution in this case. That has also failed as it should. And Rogers may have the poor satisfaction of knowing that his efforts will probably increase a circulation that has become almost fabulous in size by reason of the popular interest in "frenzied finance."

Let us have the facts or at least the alleged facts and the answer to them if Standard Oil feels inclined to answer. If Standard Oil really bought the Presidency in 1896 by contributing $5,000,000 to the campaign fund, the American people are entitled to that knowledge without any attempt at suppression by the incriminated party.

Nor is this all. We confess it with shame, but it is generally understood that most metropolitan dailies do not dare to call their souls their own. The business of the great firms that advertise is so closely locked with the business of Wall Street and the policies of Protectionism and Trust Protection, of Monopoly in general, that any straightforward, honest blow from the shoulder against any of them is at once resented and the business department complains to the editorial department that the thing must stop. We heard just the other day of one of the most able editors of a Chicago Daily who was called down in his effort to defend the people from extortion by the threats of the withdrawal of the patronage of the advertising columns.

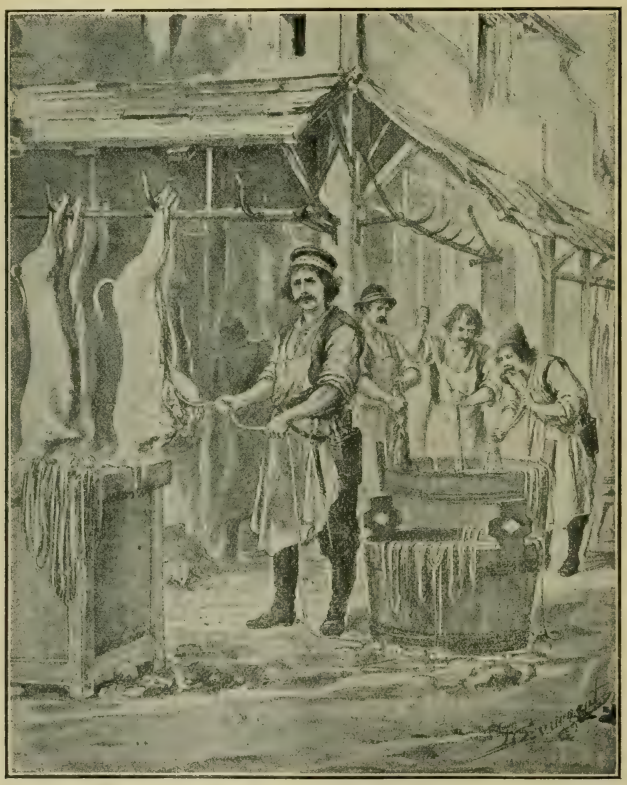
And so the magazines, that have a different class of advertising and a circulation that cannot be controlled by the advertising columns, have a very important function now to perform for the American people. *McClure's* has long been a leader in this direction and the stories of Miss Tarbell about the origin of the Standard Oil Trust have awakened the American people to the iniquity of the railroad rebate. Now *"Everybody's Magazine"* is telling the secret of frenzied finance and the people want to know the facts. So hands off, Mr. Rogers and Mr. Rockefeller. The appeal to the Postoffice Department, the threat to the American News Company and even the arrest of Thomas W. Lawson will be of no avail. The people, not these, are the ones to be reckoned with. And the people know in the matter of a contest with a monopoly where their interests lie. Let us have a full revelation. No muzzling of the press.—*Charlotte News,* Dec. 21.

Some time ago the Japanese offered a bounty of two and a half cents for each rat captured and killed, in order to check the dissemination of the bubonic plague. Over a million pelts were brought in, and these, after disinfection, were made into ear muffs for the army.

Catgut, Its Source and Preparation.

We all employ catgut more or less frequently, and yet very few physicians have a clear idea as to what this product really is, where it comes from and how it is prepared for use. The history of this ideal suture and ligature material is replete with curious facts, and we are pleased to include in the article which follows some interesting information gathered by Dr. L. L. Watters, of the Watters Laboratories of New York, whose work in connection with the aim to place absolutely sterile catgut at the disposal of operators in this country has been crowned with well-deserved success.

To begin with, the term "catgut" is a misnomer, for the material which we employ under that name is made from the fibrous coat of the intestines of sheep altogether. Its manufacture is confined almost entirely to the continent of Europe. Attempts have been made to produce it in this country, but without any great success. American sheep being over-fattened for the market, yield a product having little tensile strength, while with sheep bred in the mountainous regions of Europe the opposite is the case.



The accompanying illustration shows a scene in the Carpathian mountains with the native workmen engaged in removing the intestines from the newly killed animals, for it has been found advisable to establish a factory far off in this wild country in order to secure the very best product for the use of American practitioners. The intestines are carefully separated from the interlacing fat and tissue, and then rapidly and thoroughly flushed and cleaned. To successfully prepare the gut from this point one requires long experience. It is first stripped of its fatty mucous coat by scraping with a blunt circular blade of copper. As in all European factories, much of this work is done by women. Following this, it is macerated in carefully regulated solutions for stated periods, and scraped inside and out with frequent washings, until there remains practically a long tube of pure fibrous, muscular tissue. These tubes are then run over a ball containing three knives, which separate it longitudinally into three strips. Now comes the most tedious process of all, for for every piece of catgut such as we use in surgery, one or more of these strips has to be spun and twisted until it becomes a round string of uniform diameter. In the past, for surgical use, the process had been carried no further than this, but to prepare the most perfect catgut Dr. Watters found it advisable to have each string polished by hand and finished so that there shall be no imperfections. As a result there is no possibility of the sterilized catgut later on refusing to pass through the eye of the surgeon's needle.

The finished gut is now piled up in chambers and submitted to the action of sulphur fumes, not so much to whiten it as to prevent its undergoing changes in transit from the presence of bacteria.

This raw material is then shipped to the laboratories at New York, where it is to undergo the process of sterilization, and it is here that the greatest difficulties have had to be overcome. It always has been acknowledged that catgut is the ideal suture and ligature material because of its ability to be absorbed by the tissues after holding long enough to allow healing of the wound, and thus doing away with the necessity of removing stitches. Also when silk or other non-absorbable ligatures are used, these foreign substances give rise to inflammation until finally the knots are encased by a nodule of tissue, much as happens in the case of bullets left in the body. The great difficulty has always lain in the direction of properly sterilizing the catgut without destroying the features which make it desirable. These properties are good tensile strength and pliability, and perfect absorbability. Some processes rendered the gut sterile, but turned it out so weak and brittle or of such a leather-like nature as to render it of little value. Other processes did not affect the physical characteristics injuriously, but left the user in doubt as to the sterility of the product. The necessity for a process which renders the gut unquestionably sterile is apparent when you consider that here you have a product made from the intestines of sheep in which any existing bacteria are rolled up tight in a covering of animal tissue which acts almost as an ideal protection to their vitality. To make the matter more difficult, European sheep are frequently afflicted with scourges of anthrax and the anthrax germ and spore are respectively the most difficult to kill of all bacteria known to science. Yet more unfortunate was the fact that all

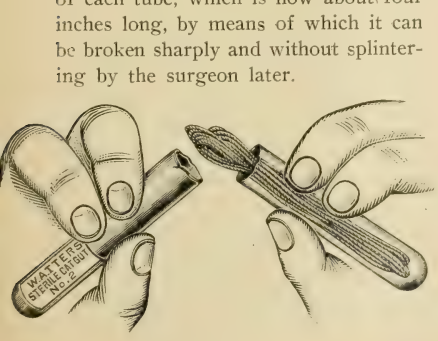
ordinary methods of sterilization were useless inasmuch as catgut gelatinizes in contact with water or steam.

These, then, were the difficulties which had to be overcome; and it should not be thought that attempts had not been made to accomplish the desired result, for the catalogue of the surgeon general's office at Washington gives the record of several hundred processes which have been suggested from time to time, yet the desired result was not attained, and opinions as to their efficiency were as varied and contradictory as the processes themselves. In the thirteen odd hospitals under the charge of the city of New York trouble had been experienced for years with catgut, and it was at the instigation of the authorities in control of these hospitals that Dr. Watters was commissioned to undertake a thorough investigation of the whole subject. The work extended through the greater part of two years. It had the co-operation and approval of many of the most prominent New York surgeons, and neither time nor money was spared. The whole literature on the subject was gone over, and every process tried. In the end a process was perfected which produces practically ideal catgut and has been universally commented upon as being the means of demonstrating to surgeons in a way never known before, how perfect properly prepared catgut is as a ligature material.

The catgut reaches the laboratories in bundles of ten strings, each about one and one-half metres in length. There are 8 sizes ranging from 00, the smallest, up to No. 8.

The sizes most frequently used are 1 and 2. The gut is first boiled in absolute ether in glass containers heated by thermo-electric piles. This boiling is absolutely necessary, not alone too remove the fat, but also certain cadaveric alkaloids which experiment has proven may give rise to irritation and the formation of what has been termed "sterile pus." Following this the gut, which has been previously cut into proper lengths, is put into sterile tubes, each bearing inside a label indicating the size. The tubes are made of a special kind of glass which fuses easily. They are originally ten inches long and about three-eighths in diameter, and sealed at one end. Several hundred of these in a special frame are then placed in the sterilizer under fluid, and heated by electricity. By means of an ingenious arrangement, after this process is completed, the tubes are automatically

drained without being exposed to the air or touched at all. They are then ready for the second sterilization in a specially constructed apparatus. In practically every process alcohol, often of poor quality, had been employed to preserve the gut. At the Watters' laboratories chloroform is employed altogether, though the expense to the laboratories is thus made much greater, it has been found that chloroform preserves the catgut intact indefinitely, while alcohol eventually spoils it. Each tube is filled half full with chloroform and is then hermetically sealed by a flame. Think what dexterity the chemist employed in this work must possess to be able to seal thousands upon thousands of these tubes containing such a liquid as chloroform or absolute alcohol in the flame of a blast lamp. Yet they reach such a skill that not one in a hundred tubes is a failure. We have already seen that the catgut has been twice sterilized, and innumerable bacteriological tests have shown it to be sterile invariably after the first process. But as a measure of unusual precaution, these tubes, hermetically sealed, are submitted with their contents to a third sterilization, so that the catgut contained cannot by any human contingency be contaminated. The next step consists in making a file mark near the middle of each tube, which is now about four inches long, by means of which it can be broken sharply and without splintering by the surgeon later.



The tubes are then packed three of a size in a case. The catgut thus prepared is first of all absolutely and unquestionably sterile. It has the greatest possible tensile strength and happily also is pliable as silk; so much so indeed that sizes up to No. 4 require no immersion in saline solutions before using as was required of other makes of catgut. As a final advantage it will keep in any climate and under all conditions, and experiments made upon gut sterilized three years ago show that it has even gained in strength from keeping.

In some cases it is desirable that the catgut should resist absorbtion in the body for long periods. Plain catgut of a No. 2 size is absorbed generally in about 10 days. To accomplish the former the catgut is treated before sterilization to a bath of chromic acid. This "chromic" catgut has a brown color and resists absorption for from 20 to 40 days depending upon the size and other conditions. All chromic catgut up to now has been rough, brittle and leathery. That prepared by the Watters' process is as pliable as silk and even stronger than the plain gut.

It is interesting to note that the work which Dr. Watters carried on in the interests of more perfect surgery has brought its rewards. Sterilized catgut prepared at the Watters laboratories by this process is now in demand wherever the best results are desired. Among the first to adopt it was the United States navy, and today every man-of-war has a stock of tubes handy in the sick-bay. It is employed in the Philippines, in our hospital at Yokahama, China, in the most prominent Eastern hospitals, and even as far north as the hospital at Salvage, New Foundland.

The plague district in the Ural region has been cordoned by Cossacks, and the disease has been localized.

On the Choice of a Mercurial Agent in "Specific" Treatment

By I. C. Reshower, M. D., New York.

Mercury is and always has been the known preventive of the serious consequence of syphilitic infection and its supposed ill effects on the system are now found to be greatly exaggerated.

Mercury seems to have some undetermined connection with leucocytosis yet long continued treatment with mercurial preparations results in a peculiar anemic condition and an abundant nourishing diet is necessary to compensate for the untoward effects referred to. The fact that the ordinary mercurial treatment cannot be long continued shows that some violence is being done to the blood corpuscles, and here it is that iodides, acting on the engorged lymphatics, are indicated, to assist metabolism and carry off the accumulations of effete cell-matter, resulting from the breaking down of giant cells, especially characteristic of tertiary symptoms where gumma or foci of cheesey masses accumulate, while new cell tissue is developed too slowly to compensate for that displaced.

Proto-iodide, bichloride of mercury, gray powder, calomel, and all soluble or insoluble salts of mercury, are all open to the same objection, when administered by the stomach, viz.: irritating effects on the aliamentary canal, and where the dose is long continued or pushed in order to control syphilitic accidents more quickly, salivation is likely to follow. It is true that their irritating effects can be controlled to some extent by opium, but this locks up the secretions and does the exact opposite of what is required for patients of this class.

The working formula of the biniodized oil proposed by Professor Panas was not very practical, because red iodide of mercury is only so slightly soluble in oil, that large doses had to be administered (strength about 1-600). Chapelle, a chemist connected with the laboratory of the Paris Municipal Council, has improved on this, and his formula contains 1 per cent. of mercuric iodide. I have found this 1 per cent. bin-iodized oil to have advantages over any other mercurial preparation.

Cypridol is perfectly tolerated and although the dose is usually only five or eight capsules daily, it can be increased without fear of salivation or any untoward effects, to 12 and even 16 capsules daily, which may be continued for months or even years. This is equivalent to from $\frac{1}{4}$ to $\frac{1}{2}$ grain of mercuric iodide a day and usually from 20 to 30 days treatment internally, will cause all serious manifestations to disappear.

Cypridol does not do more than any of the other mercurial preparations, but it is free from the objectionable characteristics of most injections, and in my experience has never given pain or inconvenience to the patient, or caused any abcesses or swelling around the point of injection.

Painful Menstruation in Virgins

Dr. Wm. Sellman of Baltimore read this paper and pointed out the necessity of giving relief to young unmarried women who suffered from painful menstruation. He considered the forms of dysmenorrhœa that could be relieved operation. These means should not be of a character to unsex the patient. Lastly he spoke of that class in which dysmenorrhœa was due to a general systemic neuralgia. In these cases electricity in its different forms afforded great relief. It was doubtful

in many of these cases whether the removal of the appendages would accomplish anything more than bring about a premature menopause.

Dr. H. W. Longyear of Detroit stated that in operating, if one ovary or a part of an ovary could be saved he did so. He would enter a protest against operating on cases of dysmenorrhœa that were of short duration in young girls.

Dr. William Humiston of Cleveland, Ohio, had seen cases with a narrow, conical os, menstruating without the least sign of distress, but the moment an inflammatory condition of the mucosa was added, that moment the patient began to have painful menstruation.

Dr. D. Tod Gillian, Columbus, Ohio, spoke of the undeveloped condition of the uterus as a cause of dysmenorrhœa. It was not the result of stenosis of the internal os, but to an unripe condition of the uterine tissues.—*Med. Review of Reviews.*

The thing that surprises us most in the above article is that not a single voice was raised to proclaim the almost magical effects of antikamnia tablets in such cases. We can readily recall quite a number of cases in which extreme suffering (dysmenorrhœa) was promptly relieved, not by operation, but by antikamnia tablets. Evidently these men were surgeons only. —Ed. *Massachusetts Med. Jour.,* January, 1905.

Chlorosis.

Notwithstanding the steady process of hygiene, the number of anæmic women does not seem to decrease perceptibly. The chief cause of this fact is that women either will not or cannot learn how to live rationally. They do not take sufficient or proper exercise, they *will* partake of all kinds of indigestable foods and at all hours, and, last but not least, they *will* follow the most ridiculous dictates of fashion. These several causes work them gradually into the first stage of anæmia, which is a mal-nutrition. With the means at our disposal to-day a diagnosis can be readily made when a patient suffering from anæmia applies for treatment, but, unfortunately, the doctor does not as a rule get the case in its incipiency. I will only discuss from a practical view-point a few of the salient features of anæmia and its practical treatment.

The symptoms of anæmia are well known, indeed they are visible to naked eye in most cases, but there is a peculiar point to which I desire to direct attention. In all cases the condition of the blood is invariably more or less impaired; any one who will take the trouble to resort to a proper blood examination will readily ascertain the following facts: First, the proportion and condition of the red corpuscles; second, the proportion and condition of the leucocytes, and third, the percentage of hemoglobin. This knowledge will be quite sufficient for the busy practitioner. A thorough laboratory examination, however, will invariably denote a diminution of the total quantity of blood in the body with a corresponding diminution of the red corpuscles. The percentage of hemoglobin will be lower, and the red corpuscles will be modified in shape or size; furthermore, the albumen may be wanting. As a matter of fact the constituents of the blood play the most important part in the processes of anæmia. It is known that a poverty of iron in the blood constitutes an important feature. It has been proclaimed by many that if the blood was poor in iron it was an easy matter to effect a cure, consequently various prescriptions have been put before the pro-

fession, all of which have more or less virtue, but do not completely cover the field; they all lack what is most desired—a complete and perfect nutrition, as well as tonic and stimulating effects. It is admitted by all authorities that the constituents of the blood cannot be restored to their normal condition in any other way but through the processes of nutrition, assimilation and elimination. These three processes brought to the normal standard invariably result in a cure. My experience, clinically, shows Bovinine, which is a perfected food tonic and stimulant, to cover the entire field.

E. E. Rowell, M. D.

A Case of Pneumonia Following Severe Typhoid.

J. B. W., white, male, age 30 years, was recovering from a severe case of typhoid. On the 36th day his temperature was normal. On the 39th day it again began to rise and in a few days had reached 104.5; the pulse 140. A severe cough and consolidation of the right lung told the story of a complicating pneumonia. After the long and severe drain upon his resources incident to the typhoid, his condition presented a very alarming, not to say desperate, situation.

Counsel was called and it was decided that his only hope lay in the generous use of Antiphlogistine. A large package was secured and heated by placing the sealed can in hot water. The temperature of the room was brought up to about 80 degrees. A cotton-lined cheese cloth jacket, open upon the shoulders and in front was prepared and warmed. Uncovering the patient's thorax, Antiphlogistine as hot as could be born was spread upon the skin about $\frac{1}{8}$ of an inch thick over as much of the thoracic walls as could be reached (back, front, side and over the shoulder). This was covered with the jacket. Turning the patient over, the other side was dressed in the same way. The jacket was then drawn together over the shoulders and down the front with stout thread. It is proper to say the entire contents of the $34\frac{1}{2}$ oz. package (large) was used for the one dressing.

The effect was surprisingly prompt. In a few hours the temperature had declined to a point of safety and the pulse to 120. A similar dressing was applied fresh every 24 hours. The improvement was steady and marked and in six days the patient was again convalescent, thanks to Antiphlogistine.

The brilliant outcome in this case taught me the importance of careful attention to detail in the use of Antiphlogistine. Like everything else worth while, it must be properly used if the best results are to be obtained.

Women Mostly.

But very often men show the effects of the winter's social, climatic or business vicissitudes in a train of symptoms clearly indicative of bankrupt vitality. It is sometimes difficult to classify the condition in any of the well known disease groups because symptoms of many organs and functions merge into each other and form a complex picture. Impairment of the digestive functions is manifested by loss of appetite, inability to digest food —sometimes gastric pains. Headache, languor, sleeplessness, general exhaustion, constitute the nervous system's methods of voicing its poverty. Loss of flesh and strength and the general state of mal-nutrition, bespeak disturbances of the functions of metabolism regulating the proportion of waste and repair of tissue.

Here is a strong statement, but it is true—every word of it—and is based upon the accumulated experiences of the past twenty years: Gray's Tonic will do more to restore these cases to health than any other tonic or restorative known. Its beneficial effects are noticeable from the start: it engenders appetite enables the patient to digest and assimilate sufficient nourishment; it favors the restoration of healthful normal sleep without the use of hypnotics; it gradually but surely brings about normal nutrition and removes the symptoms of nervous irritability. Gray's Tonic is in the broadest sense tonic, restorative, reconstructive. It is an indispensable aid in the treatment of poverty of tissue, blood or vitality from whatever cause.

Dr. N. B. Shade, late editor of the *North American Medical Review,* in an article as to how to manage nervous and spasmodic affections successfully, (Medical Progress), in part says:

"All I think of taking with me on a night call is bromida and papine, in addition to my pocket case. It matters not whether I find a case of croup, colic, hysteria, spasms, insomnia, dementia, hypocondriasis, croup, spasmodic asthma, abortion, a fracture, neuralgia, rheumatism, cholera infantum, or what not, for in bromida I find a remedy that can be relied upon in all cases where the muscular, mucous or nervous system are out of harmony. In many cases I find papine should be prescribed with bromidia, where severe pain accompanies nervous conditions, insomnia, appendicitis, cramp colic, fractures, surgical operations, etc. In all cases where morphia is indicated, I find in many cases insomnia and nervous conditions accompanied by pain incident to rheumatism, etc., bromidia and papine act admirably, given in teaspoonful doses before retiring. No bad effects follow, no constipation, no nausea, no checking of the secretions, so that the business traffic of the system is not interfered with whatever."

Sanmetto in Rhe-Senility.

I had two cases which I thought required such a medicine as Sanmetto. I prescribed two bottles of Sanmetto and gave prescriptions for more when that quantity was used up. One case was that of a man of forty-two years of age, father of seven children—impotency and neurasthenia; within three days after taking Sanmetto he began to feel the beneficial results and finally regarded himself as cured. I advised him to consult me again if he should be bothered with sexual disturbances. He is a grocer, has long hours (sixteen a day) with business and family cares.

The other case was that of a young man twenty-eight years of age, premature decay, loss of vitality, atrophied sexual organs—prescribed Sanmetto, and the changes brought about since its use are something marvelous, according to the patient. He will continue under advisement.

This testimonial regarding the value of Sanmetto is given unsolicited.

R. L. LARSEN, M. D.

Chicago, Ill.

A trial is all that is necessary to convince the observant physician of the efficacy of Yellow Oxide and Adrenalin Eye Salves in chronic conjunctivitis.

Nervous exhaustion and melancholic mani are relieved by Celerina in teaspoonful doses three times a day.

"Go-Shono"

In these days of high-class lithography, when copies of original paintings are produced so that it requires an expert to detect the difference, we feel at liberty to recommend to our readers the lithograph in eleven colors of "Go-Shono," the Apache Medicine Man, the Tongaline calendar for 1905, which has been issued by the Mellier Drug Company of St. Louis.

This lithograph of "Go-Shono" has been made from an original photograph taken from life and is unquestionably the most wonderful representation of the Apache Indian, the tribe famous for the craft, cunning and brutality of its chiefs.—*Denver Med.cal Times.*

Alkaloidal Treatment

Do you know anything of the Alkaloidal treatment of disease? Do you want to know? Then send for a complimentary copy of Abbott's Alkaloidal Digest. This little brief review of therapeutics gives you a great deal of information on the action of the alkaloids and active principles. It will repay the trouble that you take many times. Send for it *now*. Mention this journal. Address the Abbott Alkaloidal Co., Ravenswood Station, Chicago, Ill.

Peptonized Food as Nutritive Enemata

Under the above heading, a little pamphlet of 8 or 10 pages has been issued by Messrs. Fairchild Bros. & Foster, giving explicit directions for the preparation of Milk Enemata, Egg Enemata, Beef Enemata, Panopepton Enemata, plain or with whey, and Peptonized Milk.

Ask the firm in New York and it will be mailed to you. You may need it any day. Mention Carolina Medical Journal.

A Neat and Instructive Brochure

There has recently come to our desk one of the neatest little pamphlets we have ever seen. It sets forth the uses of antipholgistine in a very practical way and shows, by seven tinted plates, the manner of applying this useful agent to various parts of the body. After giving in detail a number of diseased conditions for which this agent is useful, the writer summarizes as follows:

Liquids follow lines of least resistance. The skin acts as a porous membrane separating two fluids of different densities — antiphlogistine and the blood. An interchange occurs between their fluid constituents, endosmotic or exosmotic according to the direction of least resistance.

This is typical of the action of antiphlogistine in allied conditions.

Hagee's Cordial Cod Liver Oil Compound is very highly recommended for all cases of lung trouble, as a restorative in children as well as adults, after pneumonia and la grippe. In bronchitis in old people it is excellent. It is palatable, easily assimilated, and is a good tissue-builder. Often where other preparations of cod liver oil have been taken without the least benefit, Hagee's will be found to do the work.

In Promoting Nutrition

Angier's Petroleum Emulsion has a most positive value in the treatment of cases associated with progressive loss of flesh, either as an accompaniment of organic or infectious disease, or existing without discoverable cause. Its value in these cases is due to its reinforcing influence upon the normal processes of digestion, assimilation, and nutrition, whereby the system is enabled to utilize to the full extent all forms of nutriment.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS; Comprising ten volumes of the year's progress in Medicine and Surgery; under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume 1, General Medicine, edited by Frank Billings, M. S., M. D., Head of the Medical Department and Dean of the Faculty of Rush Medical College, Chicago; and J. H. Salisbury, M. D., Professor of Medicine, Chicago Clinical School. Series 1905. Chicago: The Year Book Publishers, 40 Dearborn Street.

This volume of 350 pages is one of a series of ten, which will be issued at monthly intervals and these volumes will cover the entire field of medicine and surgery. Volume one, the present one, is on General Medicine and is edited by Frank Billings, M. S., M. D., Dean of Rush Medical College, and J. H. Salisbury, M. D., Professor of Medicine, Chicago Clinical School; the ability of the editors is well known and bespeaks a meritorious work; the table of contents of this the first volume covers diseases of the respiratory and circulatory organs; diseases of the blood and blood-making organs; general infectious diseases; parasitic and metabolic diseases and diseases of the kidneys and ductless glands, and places before the reader a review of the literature of these subjects for the past year "in a condensed form and still full enough to convey the full meaning of the authors. If the succeeding volumes conform to the high standard set by the first the entire series should be readily taken to by the profession.

The Yearbook Publishers of Chicago have done all that could be desired in type, binding and general make-up of the book.

INTERNATIONAL CLINICS; a Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Opthalmology, Otology, Rhinology, Laryngology, Hygiene, and other topics of interest to students and practitioners, by leading members of the medical profession throughout the world; edited by A. O. J. Kelley, A. M., M. D., Philadelphia, U. S. A., with the collaboration of Wm. Osler, M. D., Baltimore; John M. Husser, M. D., Philadelphia; Jas. Stewart, M. D., Montreal; J. B. Murphy, M. D., Chicago; A. McPhedran, M. D., Toronto; Thos. M. Rotch, M. D., Boston; Jno. G. Clark, M. D., Philadelphia; Jas. J. Walsh, M. D., New York; J. W. Ballantyne, M. D., Edinburgh; John Harold, M. D., London; Edmund Landolt, M. D., Paris; Richard Kretz, M. D., Vienna, with regular correspondents in Montreal, London, Paris, Berlin, Vienna, Liepsic, Brussels and Carlsbad. Volume IV. Fourteenth Series, 1905; Philadelphia and London: J. B. Lippincott Co., 1905.

Volume four, 14th series, International Clinics deserves the commendation given its predecessors and more. This is pre-eminently the publication for those practitioners who often have not the time nor means to attend the leading clinics of the world. The series of which this volume is a number contains 1,234 pages, 89 articles, 294 illustrations, 26 of which are in colors; three complete monographs; "The Progress of Medicine"; "Diseases of Warm Climates," and one on "Syphilis"; 21 articles on Treatment, 17 on Medicine, 21 on Surgery, 6 on Medical Gynæcology, 3 on Neurology; while

Pediatrics, Rhinology, Pathology and other subjects were covered by 95 writers. It is surprising how so great a mass of valuable matter can be supplied by the publishers at so reasonable a price.

THE DOCTORS' RECREATION SERIES: IN THE YEAR 1800, by Samuel Walter Kelly, M. D. Series edited by Chas. Wells Moulton. 8 vo., pp. 421, illustrated. The Saalfield Publishing Co., 1904. Price, silk cloth. $2.50 per vol.; half morocco, $4 per vol.

This is the third of the valuable and interesting books belonging to "The Doctors' Recreation Series," a set of readable volumes the perusal of which will surely bring to the mind, weary of the details of endless calls, much needed rest and recuperation. In the Year 1800 is a first class historical novel written especially for "The Doctor's Recreation Series," by an active practitioner, in which are brought out many interesting phases of old-time life and practice, woven into a delightful story. Its author is no novice in literary work, having been for several years the editor of a medical journal of wide influence. As we are informed on the title-page, it is the relation of sundry events occurring in the life of Jonathan Brush during the year 1800, and the narrative shows that this, the first year in his practice, was certainly crowded with events deserving of more than passing notice, all of which is told in that delightfully quaint style of composition that prevailed in the early part of the nineteenth century. The work, while purely one of fiction, contains a sufficient number of historically accurate facts to imbue it with added interest, particularly to the physician, more especially as it contains an exact picture of the state of medical practice at that time in districts remote from the larger medical centers, as well as in the cities themselves.. We are introduced to Dr. Physick and to his practice of thorough bleeding. Dr. Brush introduces himself as a green country lad with a burning desire to become a physician. He is fortunate in his selection of a preceptor and is soon trusted to practice on his own account. A delightful maiden and love story are introduced, also the necessary villian, who becomes a hot rival for the affections of the doctor's sweetheart, but the doctor finally triumphs.

A number of characters are introduced, some of them historic, that lend zest to the story. A thread of anecdote and humor runs through the whole story and many amusing incidents are related in the course of the narrative. A very interesting picture of Dr. Physick is drawn, both as a practitioner and also as professor, and the account of the student's life at the Philadelphia Medical College in the year 1796 is given.

The book is full of interesting events delightfully told, and those who take our advice "to buy the book and read it," will remain our friends.

The publishers have produced this volume in handsome style, and the four plates by E. P. Schultz are excellent.

THE CLANSMAN, by Thomas Dixon, Jr., Doubleday, Page & Co., New York. Price $1.50.

The Clansman covers the same ground as Mr. Dixon's book, "The Leopard's Spots" (which has sold far beyond the hundred thousand mark), and is a better story, being better thought out and written. It is not weighted with long speeches as was his former story. The opening chapter is laid in a Federal hospital, where Elsie, the daughter of a radical leader,

ministers to a wounded Southern prisoner. Lincoln is highly lauded, and the ungovernable hatred for the South, bigotry and overruling ambition of some radical leaders of the time are deftly pictured in the character of old Stoneman.

The section of the country in which the main part of the plot is worked out is Piedmont South Carolina, among the sturdy Scotch-Irish, a few miles southwest of Charlotte. Many of the characetrs are called by their proper names, and so are the places, as for instance "When Phil arrived in Charlotte he found a crowd around the bulletin board in front of *The Observer* office." Three of the four chapters into which the book is divided are devoted to the political conditions which gave rise to the Ku Klux Klan.

The author's view is that there was no other salvation for civilization in the South than such as came through the Ku Klux Klan. "It was the resistless movement of a race, not of any man or leader of men; the secret weapon with which they struck was the most terrible and efficient in human history—these pale hosts of white-and-scarlet horsemen! They struck shrouded in a mantle of darkness and terror. They struck where the power of resistance was weakest and the blow least suspected. Discovery or retaliation was impossible. Not a single disguise was ever penetrated. All was planned and ordered as by destiny. The accused was tried by secret tribunal, sentenced without a hearing, executed in the dead of night without warning, mercy, or appeal. The movements of the Klan were like clockwork, without a word, save the whistle of the Night Hawk, the crack of his revolver, and the hoof-beat of swift horses moving like figures in a dream and vanishing in mists and shadows."

The author, as attorney for the Klu Klux Klan, makes out his case in good form, but he shrewdly bears in mind that his jury is not merely the Southern people, but the people of the whole country.

"The Clansman" excells "The Leopard's Spots" as a literary production and as a story, and will surely bring laurels and dollars to its gifted author.

Ups and Downs of a Virginia Doctor, by His Life-long and Personal Friend, Clarence A. Bryce, M. D., Richmond, Va.

This volume is written in a humorous vein and gives in a very entertaining way a number of personal "encounters" of the author with circumstances over which he had no control. The narrative begins very properly with his graduation, which ordeal he survived in good shape and "commenced practice" near the hamlet of "Good-for-all," paying "special" attention to surgery, uterine and ooperative. His "ups and downs" during the period of "commencing practice" is very entertainingly told in chapter No. II. Next he tells how he got on the "up-grade" by curing "congestious" chills in a very malarial district. His experience with a case of oblique fracture of the upper third of the thigh will "come home" to many a now "busy doctor," and his narrative of how he succeeded in getting "justice" in the damage suit that followed will appeal to the average doctor as a "typical case."

He moves to the city and has a lively chase after a city practice, getting "down" to his "uppers" before he reaches "easy street," and his experience with the Dutchman and how he paid an old score show that he has a fine sense of the ridiculous and is also a good fighter.

And "so runs the book away" to the end of the volume in which we find our friend is "up."

Get the book. You will enjoy reading it. Address the author, enclosing $1.00.

Blakiston's Quiz Compound of Diseases of the Eye and Refraction, by Gould and Pyle, Third Edition, Illustrated. Price $1. P. Blakiston's Son & Co., Philadelphia, Pa.

We know of no series of manuals that is so complete, concise, and yet so condensed as are these Quiz Compends. The practitioner is improved by having at hand these little volumes and employing his idle minutes in going over them. Many otherwise good doctors are woefully deficient in eye-work, and the reviewer ventures the opinion that if this compend of eye diseases were on every practitioner's desk there would be fewer cases of glaucomia treated as iritis.

Annals of Surgery.—Of all the medical magazines that come to the reviewer's table, none is more highly volued than this monthly review of surgical science and practice edited by Lewis Slighe Pilcher, of New York and published by J. B. Lippincott Co. It contains the best thought of American and English surgeons for very singularly during the twenty years of its publication it has practically had the field to itself. The January and February numbers, which are before us, each contain over 100 pages of original memoirs, the remainder of the 160 pages of original matter that each number contains is devoted to the transactions of the New York, Philadelphia and Chicago Surgical Societies. To those surgeons and physicians who wish to keep abreast of the times it is cheap at $5 a year.

The Popular Science Monthly for February. The February number of the Popular Science Monthly has a number of very readable, and from a scientific viewpoint, valuable articles from Prof. W. W. Campbell, "An Address on Astrophysics"; Prof. E. A. Kennelly, the "Metric System of Weights and Measures"; "A Botanical Laboratory in the Desert," Prof. Francis E. Lloyd; "How Immigrants are Inspected," Dr. Allen McLaughlin; "Land and Fresh Water Mollusk—Found off Africa and Eastern Siberia"; "Examinations, Grades and Credits," Prof. J. McKee Cottell. The matter under shorter articles and Progress of Science is in keeping with the usual high standard of this publication.

Physicians' Visiting List for 1905. P. Blakiston & Co., Philadelphia, Pa., $1. This popular record is still holding its own in professional opinion. Made in convenient sizes for the pocket it makes a compact, labor-saving day-book.

We take pleasure in calling attention to a recently published book on "The Non-Surgical Treatment of Diseases of the Prostate Gland and Adnexa," by Dr. Averall of Chicago.

The author is independent enough to take a bold stand against the indiscriminate and reckless use of the knife. He maintains that the "hands take too often the place of brains." He also deprecates dosing *ad nauseum*, which is so common among doctors, guessing at the nature of the trouble, without having arrived at a correct diagnosis. Pharmacology has made it too easy for the physician and too palatable for the patient with its ever-ready sugar-coated pills. The author urges the necessity of a correct diagnosis, with which physicians are so

derelict.

The chapter on nervous diseases of men, impotency, etc., is especially replete with much information; here, too, the author endeavors to impress upon his readers the importance of discovering the cause, and, if a morbid condition exists, remove it without maiming the man for life with the knife, or undermining his health by converting his stomach into a reservoir for poisons. After the cause is removed he then depends upon *vis medicatrix naturæ*.

The book is scientific, ably edited and we commend it to the careful perusal of men suffering with bladder, kidney and nervous troubles.

The book has 218 pages, profusely illustrated and issued by the Rowe Publishing Co., 34 Washington Street, Chicago. Price $1. Sent prepaid by the CAR LINA MEDICAL JOURNAL on receipt of price.

Books Received.

BOOKS RECEIVED, from F. A. Davis Co. Studies in the Psychology of Sex. Sexual selection in man. By Havelock Ellis. Cloth $2.

EYE, EAR, NOSE AND THROAT NURSING, by Davis and Douglas. Cloth $1.25.

PRACTICAL PEDIATRICS, by Grætzer and Sheffield. Flexible cloth, round covers, $3.

THE ALIASES OF THE BEEF TRUST, George P. Robbins' jest while on the witness stand before the Inter-State Commerce Committee.

THE YEAR BOOK, Vol. I, 1905, General Medicine, $1. The ten volumse for 1905, $5. The Year Book Publishers, Chicago.

The Aliases of the Beef Trust.

When the Inter-State Commerce Commission was investigating at Chicago, October 13, 1904, the subject of private cars, one of the witnesses examined was George P. Robbins, vice president and general manager of the Armour Car lines, says Charles Edward Russell in the March installment of "The Greatest Trust in the World," in *Everybody's Magazine*. I take this extract from the proceedings:

Commissioner Prouty: "What other lines are there now that can operate in competition with your line? Suppose a railroad wanted a line of refrigerator cars—what line would they go to besides the Armour line?"

Mr. Robbins: "Well, there are several other lines that do some business."

Commissioner Prouty: "Name some of them."

Mr. Robbins: "The Swift people and the California Fruit Transportation Company."

Mr. Robbins said this with the air of a man reading the funeral service, but the effect on his auditors was very different. Some gasped and some wanted to shriek with laughter. The delicate point of Mr. Robbins' sally can be appreciated only by understanding that to all intents and purposes Swift is Armour and the California Fruit Transportation is Swift, and the Fruit Growers' Express is the California Fruit Transportation, and the Beef Trust is one and all of these together, and there is no more chance for any one to compete with the Beef Trust in the California fruit trade than there is to get the average railroad traffic manager to admit the truth about rebates. Human ingenuity cannot make the comparison stronger.

MEDICAL NEWS AND ITEMS.

(*Clipped largely from Medical Age.*)

Dr. Robert Woodward, who has been chosen head of the Carnegie Institute, has been dean of the School of Pure Science at Columbia University since 1895, and professor of mechanics and mathematical physics since 1893.

A private citizen has placed in the hands of the government of the Grand Duchy of Baden a sum of $650 toward the foundation at Heidelberg of an institute for the study of cancer. The government has given a site for the purpose in the immediate neighborhood of the University Hospital, and has promised a grant for the maintenance of the institute.

A number of actuaries and medical directors of New York insurance companies have, says a contemporary, been working on statistics running over a period of several years. From the record it is claimed that total abstainers as a class live longer by from 20 to 50 per cent. than moderate drinkers, so that this class of applicants will soon have to pay less for insurance than the moderate drinkers.

It is reported, says an exchange, that so great is the rush of Russian Jews arriving in London suffering from trachoma that the hospitals are turning them away. A large number of these persons are en route to America, while others have been rejected by the United States immigrant inspectors, and having been returned by the steamship companies are stranded in the United Kingdom instead of being sent back to Russia.

In Japan the blind have, says the *Medical News*, a practical monopoly over massage. There massage is cheap and within the means of all classes. The blind, protected by the government, are self-supporting and contented with their lot. This condition has existed for centuries. In four countries—Russia, Belgium, England and Germany—there have been well-organized and successful attempts to teach selected blind people massage. Here in America the only definite series of attempts in this direction were made by Mr. Allen.

The next meeting of the American Anti-Tuberculosis League will be held in Atlanta, Ga., April 17th to 19th, 1905.

North Carolina Medical Society.

The meeting of the North Coralina Medical Society will be held in Greensboro on May 23, 24 and 25. The State Board of Medical Examiners will convene at the same place on May 17.

Medical Society's Right Questioned.

An application of importance has been made to Judge Leventritt, in the special term of the Supreme Court. It asserts that the law which gives the county medical society the fines imposed on persons prosecuted by its agents is unconstitutional. It is proposed to carry this case to the Court of Appeals. It has been asserted that benefits such as these conferred on the county medical society have already been pronounced unconstitutional. It is held that the fines are the property of the State.

Georgia State Board of Medical Examiners.

Dr. F. M. Ridley, of La Grange, and Dr. W. D. Travis, of Covington, have been named by Governor Terrell to be members of this board for a term of three years, dating from January 7th.

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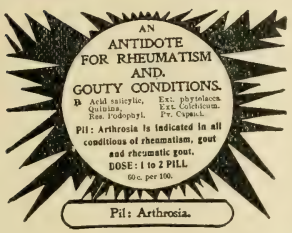

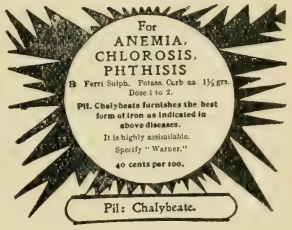

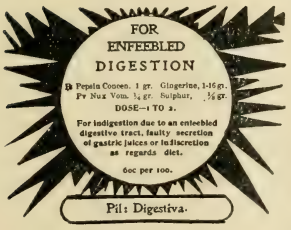
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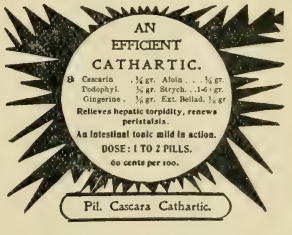
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Tapeworm.

POMEGRANATE.

Pomegranate or granatum is a bark which contains two alkaloids possessing teniacidal properties—pelletierin and isopelletierin. The bark given in the form of a decoction is, as a rule, better than its alkaloids given alone. The decoction is prepared as follows: Macerate two ounces (60.) of the pomegranate root, chopped up fine, in water for twelve hours. Then add one and a half pints (720.) of cold water, boil and macerate for twelve hours and evaporate to one pint (480.) and administer in divided doses within one hour. If no purgative effects are obtained in one or two hours, a dose of castor oil should be given.

Bamberger recommends the following combination:

R.

Granati rad. cort. ....dr.iii 45-60|

Macerate for 24 hours, then boil in

Aquæ dist. ... ...dr.-xii 360|

Evaporate to 6 ozs. and add

Ext. filicis maris ether..dr.-ii 8|

M. Sig.: One-third the amount to be taken (fasting) every half-hour. Take a saline aperient the night before, and no food other than soup or tea, or a salt herring.

The following combination has been recommended by Fleischmann in *Clin. Ther.* in the treatment of tapeworm:

R.

Ext. granati rad.. ... ...gr. xl 2|65

Ext. filicis maris.. ... .gr. xl. 2|65

Pulv. radicis granati ....gr. viii |50

M. Fiatn pil. No. xl. Sig.; One-half hour after giving the child a cup of milk, give ten of these pills every half hour, keeping others in reserve in case some are vomited. A few hours afterwaard give a dose of castor oil.

The taste of the decoction of granatum is extremely nauseating and for this reason its active principle, pelletierin, is substituted. The dose of the latter ranges from two to five grains (.12-.30). The addition of tannic acid prevents its absorption and toxic symptoms without altering its effect on the worm. Therefore, the tannate is the best preparation of this alkaloid and it is tasteless. French speaks of giving one-half an ounce of magnesium sulphate, followed in twenty minutes by the pelletierin dissolved in lemonade, and this in turn followed in twenty minutes by another dose of magnesium sulphate.

The following is an old-time but serviceable combination::

R.

Granati radicis ....dr. 15|

Ceminis peponis ... ...dr. 30|

Ext. filicis maris ether ... ..dr. 4|

Pulv. ergotæ ... ...dr. 2|

Pulv. acaciæ ... ...dr. 8|

Olei tiglii ... ...gtt. ii |12

M. The pomegranate and pumpkin seed should be thoroughly mixed in a mortar with the ergot and boiled for fifteen minutes in water and strained. The croton oil is first mixed with the acacia and made fern and then formed into an emulsion with the decoction.

The following combinations are serviceable in some instances:

Ext. terebinthinæ ... ...dr. 2|

Olei ricini. ... ...dr. 15|

Mucil, acaciæ, q. s. |

M. Fiat emulsio. Sig.; To be taken at one dose after fasting. Or:

R.

Ext. granati rad. cort... ...dr. 90|

Sodii bicarb ... ...dr. 4|

Aquæ .. ..Oi 480|

M. Macerate six hours in hot water. Sig.; Take in the morning after fasting in three equal doses, following the last with oleum ricini, ounce one (30.).

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of even the most digestible fat may be made still more digestible by subdividing it into a number of smaller globules. That's why emulsification facilitates the digestion of fats.

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The Tri-State Medical Association Meeting.

The members of the Medical Association of Virginia and the Carolinas held their seventh annual meeting in Benbow Hall in Greensboro on Feb. 28th, March 1st, and a most successful and enjoyable meeting it was. This society has grown in vigor from its birth in Charlotte seven years ago and the meeting in Greensboro was the largest in point of attendance and list of papers in its history.

The meeting was called to order by Dr. W. L. Robinson, of Danville, Va., president, and Dr. Rolfe E. Hughes of Laurens, S. C., secretary, was at his desk. About 200 persons were present, including physicians, trained nurses and visitors.

The address of welcome for the State was delivered by Dr. D. A. Stanton, of High Point, and Rev. H. W. Battle in a short speech which was highly complimented by the members of the medical fraternity, welcomed the Society to Greensboro. Dr. Stuart McGuire, of Richmond, Va., responded to the welcome address in a short but interesting and appropriate speech.

The president in his address laid great stress on the great theme of preventative medicine, and called on the members of the society to act in the organization of a crusade against the known preventable diseases, as tuberculosis, typhoid fever, etc., and before the close of the meeting a committee of five was appointed to lay plans of action and report at the next meeting of the association. A number of celebrities from other states were present by invitation and read papers of value and interest. Dr. Bodine of New York, who performed his operation for the radical cure of inguinal hernia under cocaine anesthesia on a subject. The operation was done in the presence of the assembly, the amount of cocaine used being $\frac{1}{4}$ grain. The first step was to inject in the skin in the line of incision a few drops of a $\frac{1}{4}$ of 1 % solution into the tissues and the crural nerve itself a small amount of a $\frac{1}{8}$ of 1 % solution. The operation was then rendered painless.

At the else of the first day's session a most enjoyable supper was served at the McAdoo House. The number of papers offered the society was so great that many doctors were unable to read their papers, and one whole section, that of Eye, Ear, Nose, and Throat—was not reached when the hour for final adjournment was reached.

The meeting of 1906 will be held at White Stone Lithia Springs, S. C.

Officers were elected as follows: President, Dr. Hubert A. Royster, of Raleigh; vice-presidents, Dr. Hugh M. Taylor, of Richmond, for Virginia; Dr. J. W. Jervey, of Greenville, for South Carolina; Dr. Albert Anderson, of Wilson, for North Carolina; secretary, Dr. Rolfe E. Hughes, of Laurens, S. C.; members of the executive council to fill vacancies, Dr. W. M. McKenzie, of Salisbury; Dr. G. D. Wilson, of Spartanburg, S. C.; Dr. G. D. Upsher, of Richmond, Va. The new executive council is composed of Dr. W. W. McKenzie, of Salisbury; Dr. Albert Anderson, of Wilson, and Dr. W. H. H. Cobb, of Goldsboro, for North Carolina; Dr. G. D. Upsher, of Richmond, Dr. W. E. Anderson, of Farmville, and Dr. Stuart McGuire, of Richmond, for Virginia; Dr. G. D. Wilson, of Spartanburg; Dr. Edward F. Parker, of Charleston, and Dr. W. R. Lowman, of Orangeburg, for South Carolina. It was decided to hold the next annual meeting at White Stone Lithia Springs, S. C. Dr. W. L. Robinson, of Danville, Va., the retiring president, was made an honorary fellow. Appropri-

(FORMULA OF DR. CHARLES WILSON INGRAHAM)

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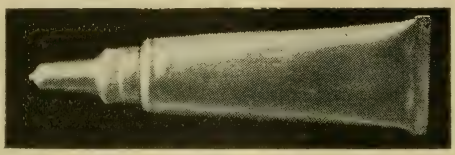

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ate resolutions were adopted upon the death of Dr. J. H. Claiborne, of Petersburg, Va.

A Useful Circular

The Atlantic City Board of Health has issued a leaflet of information for the family in case of contagious diseases, which takes up plainly and concisely the general precautions to be observed, and then gives special recommendations regarding typhoid fever, scarlet fever, diphtheria, measles, whooping cough, mumps, chickenpox and disinfection. This is intended "not to supplant but to supplement the advice of the family physician.

For a Portrait of Dr. William Osler

A committee of graduates of the medical department of the University of Pennsylvania, of which Dr. Charles H. Frazier is treasurer, is engaged in collecting funds from physicians who studied at the University of Pennsylvania between 1884 and 1889, for the purpose of having a life-sized portrait of Dr. William Osler painted. The portrait will be presented to the medical department of the University.

At the annual meeting of the board of trustees of the Carnegie Intsitute, held at Washington on December 13, it was announced, according to the *Medical Record*, that during the year $355,070 had been expended to further research in various departments of science, and that twenty-four research assistants had received $1,000 each. The projects undertaken include the establishment of a department of biology with stations at Cold Springs Harbor, L. I., and at the Dry Tortugas, Fla.; of a department of economics and sociology; a bureau of historical research; a department of international research in terrestrial magnetism. Special grants

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were made for an archeological expedition to the trans-Caspian region, and for geophysical research. Other grants were for the encouragement of biological investigation at the Marine Biological Laboratory, Woods Hole, Mass.; also at Dr. Dorhn's laboratory at Naples; for an anthropological investigation in the United States, and archeological investigation in Syria, Palestine, Egypt, Nubia, etc.; for important astronomical investigations in several of the great observatories and elsewhere; for the publication of the *Index Medicus;* also for other important bibliographical work, such as the preparation of a handbook of learned societies of America, etc., for investigation of desert vegetation; for study of the fundamental principles of geology; for extended geological explorations in China; and for investigations in nutrition at the laboratory at Middletown, Conn.

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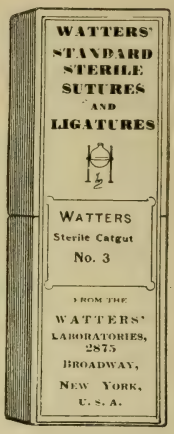

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Professor of Therapeutics in the Jefferson Medical College of Philadelphia.

SERIES OF 1905

Vol. I, March.
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Vol. IV. December.

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To Prohibit Fireworks.

The chief of the fire department of New York City recommends that the sale of fireworks in this city be prohibited on July Fourth, because of the danger of numerous fires and because of loss of life and maiming of children. During the week of July 4, last year, 846 persons were taken to the various hospitals suffering from injuries from fireworks. This has been referred to the Municipal Explosive Commission.

An Enterprising Stork.

A Rhode Island physician, Dr. W. F. Barry, of Woonsocket, reports one day's obstetrical work as follows: At 12:30 p. m., he attended a twin delivery—two girls; at 6 p. m., of the same day, another—two boys; at 3:30, of the following morning, another—two boys, "making three cases of twin pregnancies within twenty-four hours."

The Manhattan Eye, Ear and Throat Hospital.

Plans for the new home for the Manhattan Eye, Ear, and Throat Hospital, which is estimated to cost $600,000, have been filed. The building is to be a nine story fireproof structure, containing every modern convenience, with two wings equipped with sun parlors. It will be built at Nos. 208 to 216 East Sixty-fourth street.

We have recently received an enlarged copy of "The Doctor," by Luke Fildes, together with one of "The Anatomy Lesson," by Rembrant—size 13x17 inches, from the Angier Chemical Company, Allston District, Boston, Mass. This firm is sending them to physicians only, on receipt of ten cents to cover the cost of mailing. Both of these pictures are worthy of prominent place in ay physician's office.

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According to the South Carolina newspapers they are taking effective action regarding certain "patent medicines." Probably it is because South Carolina, through its dispensary law, controls the sale of alcoholic liquors that it is able to do what it seems to be doing. One paper speaks of drug stores being prohibited from selling peruna on account of the alcohol it contains, and that hereafter it can be had only on the prescription of a physician. Another shows that it is not only peruna that is barred, but Hostetter's bitters, De Witt's stomach bitters, and some other less known because less advertised. According to the State chemist's analysis, Hostetter's bitters contain 41.3 per cent., De Witt's stomach bitters 37.6 per cent., and peruna 26 per cent of alcohol, and consequently are to be classed as intoxicants.

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Density at 15° C.	1.041
Alcohol, percentage in volume, at 17°	17.07
" by weight, per litre	142.9
Extractive at 100° in grems, per litre	87.36
Sugar, before inversion, per litre	41.60
" reduced after inversion, per litre	68.80
Sulphate of Potassium, in grams, per litre	0.91
Tartrate, in grams, per litre	1.85
Ash	2.24
Acid, colculated as sulphuric	3.13
Acid, sulphurous	none
Acid salicylic	none
Saccharin	none
Coloring matter	nothing abnormal
Deviation of polarimeter, before inversion plus	2°44′
Deviation of polarimeter, after inversion	— 2°16′
Coca bases, combined in grams, per litre	0.220

[Signed]

GIRARD, *Chemist*,

Director of the Municipal Laboratory.

Paris, France, March 24, 1904.

Other analyses made in the United States, under the Pure Food Commission of Ohio, and under the direction of the State oBard of Health of Pennsylvania and the Illinois Pharmacy Board confirm former examinations made in France, Germany, Russia and elsewhere, thus demonstrating the absolute purity and reliability of Vin Mariani.—*Coca Leaf*, March, 1904.

The University of Halle, Germany, has conferred upon Dr. Willy Merck, member of the old house of E. Merck, Darmstadt, established in 1668, a very high distinction, namely, the honorary degree of Doctor of Medicine "in recognition of numerous meritorious contributions looking to the advancement of the therapeutic side of medicine."

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I do not believe in giving quinin in small and repeated doses during the active stages, but follow the plan as given in the reported case. When the temperature is 104 or over I give 50 grains of sulphate of quinin and follow the same course as above stated. When the temperature is 103 I give from 30 to 40 grains, following the same course as above stated.

During the convalescence I have found that one, or the combination of the following medicines, of value, namely, elixir of iron, quinin and strychnia, guaiacol and cod liver oil. But what has served me best of all at this time, is thorough ventilation and sunlight, with plenty of milk, eggs and beefsteak.—*Jour. A. M. A.*

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Quackery in Germany.

The peculiarity of German law, which makes the practice of the healing art free to all, although there is a penalty for the unauthorized use of the title doctor, causes quackery to flourish to an amazing degree in what in other respects is justly considered the holy land of science. In 1902, according to official statistics, there were in the whole of Prussia 15,400 doctors, and 4,104 quacks. The evil has become so serious that a society was some time ago formed in Berlin for the express purpose of exposing quackery. Under the auspices of this body an exhibition of quackery was recently held in Breslau, where everything pertaining to medical quackery was exposed. Its advertisements, panaceas, various methods of treatment, anti-epidemic masks, universal gastric juices, bogus electrical apparatus, etc., were all on view. In the case of one cult the announcement was made that during the past fifteen years its members had collected from the public over $3,500,000. One section of the exhibition was devoted to methods for suppressing irregular practitioners.—*The Globe.*

The Lloyd's Library.

This library is devoted to botany, pharmacy, chemistry, and allied sciences. The building (1902) contains between fifteen and twenty thousand volumes and pamphlets on the aforesaid subjects. The herbarium of pressed plants is extensive, and the mycological department contains four or five thousand specimens, the fleshy fungi being preserved in alcohol in jars. This library is incorporated, is free to the public, and is pledged to be donated intact to science. The final resting place has not been decided upon, but the library will be placed in the University best calculated to serve science. The library is at present located at 224 West Court street, and is certainly a magnificent monument to its founder, Dr. John Uri Lloyd.

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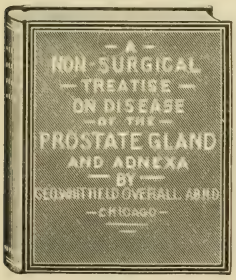

WHILE the book treats of the prostate, bladder and kidneys of young, middle-aged and old men, in all their phases, it also covers the aftermaths of gonorrhoea and masturbation. The chapter on sexual neuraesthenia, impotency and nervous diseases of men is especially replete. The doctor has devoted 25 years towards mastering this special line of work. While the book is scientific, yet its simplicity especially commends it to the general practitioner. By means of the explicit illustrations and descriptions one can tell exact nature of the disease, where located and how to procure relief without guessing at and dosing "ad nauseum."

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Pneumonia.

Manges emphasizes the fact in *Medical Record*, Dec. 10, '04, that we must look upon pneumonia as a general disease, having a tendency to end favorably after a certain length of time, and exhibiting lung phenomena as its local lesion. The indications for treatment are five: (1) To maintain life; (2) to support the heart; (3) to control hyperpyrexia; (4) to relieve suffering, and (5) to control complications. The best ways of fulfilling these indications are discussed at consideable length. The paper ends with the following caution: "I would once more warn against routine or schedule plans of treatment. The successful outcome of a case of pneumonia is sometimes a matter of luck, but more often a matter of judgment. In few diseases are the therapeutical indications more sharply outlined; in no other is the practice of therapeutics so great an art."

Postpartum Hemmorrhage, Treatment Of.

During labor the extremes of undue delay and undue haste must be avoided. Forceps and turning when necessary should be employed, whenever possible, with dilated parts. The third stage should not be hurried, as meddlesomeness exhausts the uterine muscle. The uterus in a normal case should be allowed to separate the placenta and membrances, but the expulsion may be aided by suprapubic pressure.

In hæmorrhage the diagnosos should be settled with reference to its occurrence in the passive or active portions of the genital tract: for the former, pressure or stitch; for the latter, all that secures uterine retraction, but failing this pressure by tampon has to be considered.—D. Berry Hart, (*Practitioner*, October, 1904.)

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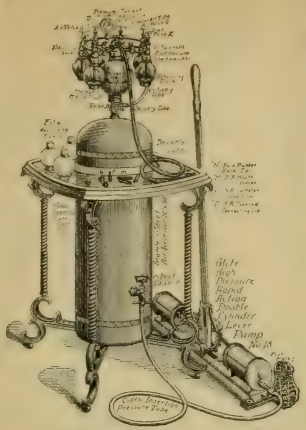

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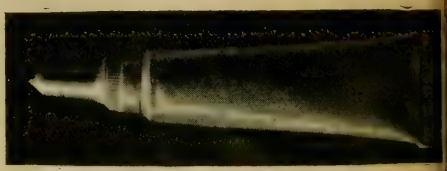

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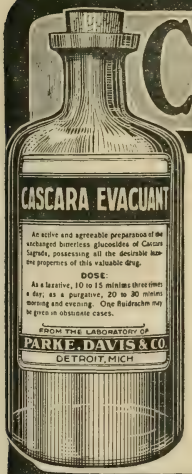
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*The Hemorrhages at Confinement.

By Dr. Charles Roberson, Greensboro, N.C.

There is no emergency in our experience that demands a more accurate knowledge of conditions nor a sounder judgment than a violent hemorrhage from the uterus, whatever may be the cause, and none attended with greater danger.

My object in this paper shall be to present some of the salient points in the cause and treatment of the hemorrhages occurring at confinement, as they have been presented to me in a short experience of eight years.

We are all familiar with the classification of hemorrhages according to their occurrence before and after the delivery of the child; and I shall speak of only one variety in each class.

The most frequent cause of hemorrhage before the child has been delivered is Placenta Previa, and of this I want to mention only a few points.

Each case must be dealt with on its own merits, and no fixed rule will serve to meet all conditions, but the concensus of opinion favors conservative rather than radical measures in their management.

The only means at our command for the control of bleeding from the womb is the introduction of a plug into the cervix and vagina. This plugging may be accomplished by bringing the child down into the passages, or by the introduction of cotton or gauze tampons. If dilation is sufficiently advanced and the conditions favorable for rapid delivery, the child should be brought down either by the forceps or version.

*Presented to the Tri-State Medical Association of the Carolinas and Virginia at the Greensboro Meeting, February 29-March 1, 1905.

But where the hemorrhage is profuse and the labor not begun, or only beginning, the safest method in my hands has been that of plugging with tampons.

The patient should be placed upon a table, and not across the bed, for a tampon cannot be successfully introduced with the buttocks buried in the mattress, and there is too great danger of infection from the bed clothes. She should be prepared as for a surgical operation, and after grasping the cervix with a small, straight tenaculum forceps, long strips of gauze should be firmly packed into the cervix. Then the vagina is packed as tightly as possible with cotton tampons squeezed out of a sterile vinegar or salt solution. Over this is placed a bichloride pad, held firmly in place by a *T* bandage. The abdomen is then firmly bandaged from above the fundus down to the pubes.

The tampon will promote dilation of the canal, and excite firmer uterine contractions. When the labor has sufficiently advanced for delivery by forceps or turning, the tampon should be removed and delivery completed by whichever method will bring the child into the passage quickest.

The second class is made up of those hemorrhages which occur after the delivery of the child, and in this class I shall speak only of the hemorrhage from the uterus itself after the placenta has been expelled. The blood in these cases may be apparent or concealed. The causes are relaxation or retained secundines. The relaxation may be occasioned by a prolonged labor, which exhausts the muscle of the uterus ,or by too much chloroform given for too long a time, and by too much manipulation of the uterus in the effort to effect the expulsion of the placenta.

In regard to the use of chloroform, I consider it one of the most valuable of all remedies when properly administered. In promoting dilation, relieving pain and preventing shock, it rids child bearing of many of its terrors, but when injudicially used, I consider it the cause of many cases of post partum hemorrhage. In none except an instrumental delivery or one in which some surgical intervention becomes necessary should chloroform ever be pushed to the surgical degree. Its use should be limited to those cases where the suffering is great during the expulsion, and then in sufficient quantity only to ease the pain and not to abolish it, and never during the third stage. When the placenta is expelled under deep anæsthesia, the uterus cannot retract, the vessels are left open, and a hemorrhage is the result.

I cannot refrain from saying a few words about the delivery of the placenta. Aside from "watching" the uterus with the hand on the fundus, no manipulation is necessary unless there is relaxation and bleeding; nor can the practice of forcibly expelling the placenta by pressure from above or by pulling on the chord be too strongly censured. It should be left severely alone, until the uterus by its own contractions has effected complete separation, when it will either be expelled by the force of these contractions or can be easily felt in the vagina and removed with the fingers, or be expelled by gentle pressure on the fundus. In connection with post partum hemorrhage I wish to report one case that has recently occurred in my practice.

Mrs. S., age 37, well nourished, in fairly good physical condition, was brought to her sixth labor. All previous labors had been prolonged, the first child having been delivered with forceps. The present labor was prolonged, but terminated normally with-

out any great fatigue. The placenta was expelled after twenty minutes by slight pressure on the fundus. Upon examination both it and the membranes were found intact. The patient was then bathed and dressed and a perineal pad applied. Up to this time there had been no hemorrhage, and she seemed in perfect condition, the pulse being 76, and of good quality.

In a few minutes she began to complain of pain in the lower part of abdomen, became restless and somewhat excited. The pulse became more frequent and countenance a little anxious, and the skin cold and clammy, the respirations becoming sighing. Placing the ends of my fingers on the uterus it was found to be hard, but the picture was one of acute anæmia. Looking at the vulvar dressing it was barely saturated with blood, and by no means was there enough external hemorrhage to account for her alarming condition. A further examination of the uterus disclosed the fact that it was far too large and extended above the umbilicus. Upon vaginal examination the cervix was found to be intact, but the lower third of the uterus was lax and flabby and the organ in an hour glass contraction. By this time the patient was almost in collapse from the pain and loss of blood. As rapidly as possible I passed my hand into the uterus and emptied it of all clots, pressing down hard with the left hand on the fundus. Then doubling up my fist and with the left hand still holding the fundus, I succeeded by vigorous friction in securing a firm contraction, and the consequent control of the hemorrhage.

In regard to the treatment of post partum hemorrhage, I wish to emphasize particularly the two procedures I consider best and quickest in their action.

First of all in point of efficiency comes the introduction of the hand into the uterus. Having done this the situation is at once in our control for the fist in the uterus, acting as plug, will hold the bleeding until the nurse has administered strychnine and ergot and prepared a hot sterile douche. Then the uterus can be completely and surely emptied of all blood clots, and any remaining placental tissue and a careful examination can be made for rupture, lacerations, tumors, etc..

Rarely will this method alone fail to control the bleeding, and in case it should not, in spite of vigorous friction on the walls of the uterus between the two hands, the nurse may be instructed to prepare a sterile salt solution or 50% vinegar solution. The glass douche tube is passed along the palm of the hand into the uterus and the cavity flushed with two or four quarts of the solution at the temperature of 116° to 118°. Should the hemorrhage still continue, the uterine cavity may be packed with strips of gauze wrung out of adrenalin or vinegar solution. Then by packing the vagina with cotton tampons, as previously described, the hemorrhage can be controlled.

Having stopped the hemorrhage our attention should be turned to the after care of the patient herself. No puerperal woman is so susceptible to infection as one who has just suffered a severe hemorrhage. For this reason our antiseptic technique cannot be watched with too great care, especially when it becomes necessary to enter the uterus.

For the acute anæmia normal salt solution stands in a class by itself as a remedy. The lower bowel should be at once filled with the solution. If response is not prompt and marked, it should be introduced under each breast

until its effect is noticed at the radial pulse. Should the patient still fail to respond it should be introduced into the veins.

This together with bandaging the legs, elevating the foot of the bed and the administration of stimulants practically covers the field of treatment for the acute anæmia.

Senile Cataract.

By W. H. Wakefield, M. D., Charlotte, N. C.

In this paper I will not touch on the varieties of cataract, such as congenital, traumatic, etc., but confine myself to one variety, senile cataract, for which the only treatment is the extraction of the cataractous crystaline lens.

Patients afflicted with cataract complain of gradually increasing loss of vision; they speak of a "spider's web" being before their eyes or of seeing through smoke. If the lenticular opacity is central, vision is better on a cloudy than on a bright day. This is explained by the larger size of the pupil on a dark day, thus permitting the entrance of light through the outer part of the lens.

As a rule there is little or no redness or pain about the eyes. In many cases the lens is swollen in the early stages, causing myopia, which condition is called "secondsight." In a small per cent. of cataract cases there are symptoms of eyestrain, accompanied by hyperemia, but any continued redness of the corneoscleral junction must be looked on with suspicion, as it means more than simple cataract.

Diagnosis: Theoretically the diagnosis of cataract is an easy matter, but in practice it is found that difficulties and perplexities are often encountered, except in the cases of ripe, uncomplicated senile cataract. Incipient cataract in the elderly patient produces practically no symptoms other than a blurring of vision. "Second sight" may or may not be present, but vision for distant objects is indistinct. This condition can be present in a marked degree without a sufficient clouding of the lens to be clearly apparent on merely looking into the pupil. It is a necessity in examining for cataract to darken the room and use oblique illumination. This is easily done provided the examiner has a condensing lens, and without this lens it is not possible to intelligently examine the cornea for foreign body, the iris for adhesions and the lens for opacities, unless in the latter case a mydriatic is used and the light from a lamp be thrown in the eye by means of a concave mirror. It must not be forgotten that the lens in elderly persons presents, naturally, a smoky hue which must not be mistaken for cataract. Properly to examine an eye for cataract a mydriatic should be used and the danger of precipitating an attack of glaucoma in an old eye containing a swollen lens by means of the dilated iris must ever be kept in mind. I make it a rule never to allow an elderly patient into whose eyes I have instilled a mydriatic for diagnostic purposes to get out of my reach until the pupil has contracted from eserine. In some cases a drop of a 10 per cent. solution of cocaine repeated twice at intervals of ten minutes will cause sufficient dilation of the pupil for diagnostic purposes, but in perhaps the majority of cases you will need, in addition, one drop of a solution of atropine sulph. $\frac{1}{4}$ gr. to the oz. of water. If this is dropped in the eye a few minutes after having used the cocaine solution a more prompt effect will be obtained than if cocaine had not been used. In the examination light from a concave mirror should be thrown into the eye from a distance of two feet

or closer, and if black striae or spots appear on the red fundus reflex there is an opacity in the lens, vitreous or cornea. If the lens be wholly opaque (ripe cataract) the fundus reflex will be entirely absent. At this examination the condition of the retina should be determined so far as it relates to light perception.

If the patient is barely able to tell when the light is thrown in the eye, distructtive disease of the retina or choroid is present and the removal of cataract *will not restore* vision. At this point I wish to call attention to the fact that glaucoma is often mistaken for cataract with fatal results to vision. In subacute glaucoma there is circumcorned redness, *increased tension, a dilated pupil,* and often a beginning of opacity of the lens, but the lens is greenish gray in color. A practitioner unfamiliar with the eye, or careless and hasty in making his diagnosis may call such a case cataract and advise his patient to wait until the lens is ripe, and thus consign the patient to blindness. Glaucoma is like a house on fire—if treatment is to do any good it must be instituted right away; delay means blindness.

Cataract is usually progressive, but may remain stationary for several years.

The shortest period that has elapsed between the first observed signs of cataract and full maturity, in the cases that have fallen under my observation, is six months, but the average period will be two to four years.

Regarding the etiology of this trouble I will venture the assertion that in many cases the cause is obscure, or that we may almost regard it as a physiological process incident with age. Many causes can contribute as causation factors by interfering with the nutrition of the eye.

A question of great importance to the patient blind from cataract is the prognosis. Many of these patients are quite aged and are fearful that their advanced age renders their case hopeless. Advanced age is *not* a barrier to successful operation. It is safe to say that if the rest of the visual apparatus is in good condition the prognosis is good, notwithstanding advanced years and marked weakness. I have operated on patients over eighty years of age, weak and feeble because of forced inactivity by reason of their blindness, discouraged and almost bedfast, and in a month they took on an activity of ten years ago and life again looked rosy. Age is no contra-indication to operation. If the retina and choroid are in good condition and the patient can easily locate a lighted lamp in a dark room and if iritic adhesions are not dense, and if the lids and lacrimal sack and canal are healthy, the prognosis is good. Conjunctivitis should always be remedied before operation for cataract.

The only treatment for senile cataract is extraction, which is done under cocaine anesthesia. The patient should be given a bath the night before the operation and the bowels emptied. If the conjunctiva is conjested it should be put in the best possible condition before operation. The skin of the eyelids, forehead, nose and cheek should be thoroughly cleaned and the conjunctiva shoud be flushed with a saturated boric acid solution in which sodium chloride is dissolved 7½ grains to the oz. It goes without saying that all instruments should be boiled and the solutions, gauze and dressings as well as the surgeon's and assistants' hands be surgically clean. As an anesthetic I use a solution of cocaine 4% to 10%, instilling one or two drops in the eye every 3 or 4 minutes until four appli-

cations have been made. In the majority of operations I do an iredectomy, believing that the step adds to the safety of the eye. The after treatment is simple. On removal of the cataract and replacing any portion of the iris that may have been entangled in the lips of the wound, a few drops of a 4 gr. to the oz. solution of atropin sol. is dropped in the eye, followed by a quantity of iodoform ointment, made by mixing 25 grs. of iodoform with ½ oz. of sterilized vaseline. Gauze bandages are now applied and kept in place by adhesive strips and the patient kept in bed a day or two, after which he is allowed the freedom of the room. The eye is dressed twice daily, flushing the conjunctival sack with the boric acid and salt solution, and applying the atropin sol. and the iodoform ointment. Nearly 99 % of cataract operations on uncomplicated cases result quite satisfactory to the patient and operator, vision of 20/40 to 20/30 being quite often obtained with an occasional case with 20/25 or 20/20 vision.

The pain during the operation is practically nil, and unless iritis develops during the healing process the patient is not uncomfortable. Of course an eye is occasionally lost from iritis, or suppuration, but in my experience I have not had a single case of the latter.

The Commencement exercises of the North Carolina Medical College will be held at Charlotte on May 15th, in the Academy of Music. The sermon to the graduating class will be preached by Dr. Duncan in the First A. R. P. Church. The address to the class will be delivered by Dr. Gil Wiley, of New York. The graduating class numbers twenty-three.

Civilization—Nervous Exhaustion.*

By W I. Royster, M. D., Raleigh, N. C., Professor of Medicine, Medical Department, University of North Carolina; professor of Theory and Practice of Medicine and Therapeutics, Leonard Medical School, Shaw University; Physician to Rex Hospital, etc.

(*Continued from last Month.*)

The physician frequently witnesses the pathetic sight of a mother, in her desire to relieve her helpless infant, acting on her own responsibility, a maternal angel, rushing in where fools would fear to tread, and "pouring medicines of which she knows little, into a body of which she knows less."

Too often no system is employed in the management of the child and as it grows older it is not trained to habits of obedience, order and self-control. In many instances it becomes literally a "spoiled child," for its character is permanently warped and the child is doomed thereby to life-long suffering.

Need we be surprised to know that, about one child out of every three dies before reaching the age of five years, or that physicians not infrequently see cases of pronounced nervous exhaustion in children of tender years?

Let us follow the child through the remainder of the formative period of life and take notice of the influences brought to bear upon it by its environment.

The good influences, moral, mental and physical, of our civilization are, of course, taken for granted, but we are concerned now with its untoward effects and especially with the influences that produce nervous exhaustion.

During infancy and childhood, the environment of boys and girls being practically the same, the results are identical; but the wide divergence of their modes of life after leaving child-

*Faculty lecture delivered by invitation at the University of North Carolina, Chapel Hill, March, '04

hood behind them is followed by a difference in results correspondingly great.

In many respects, civilization has lifted woman high above man, but, as in her manner of living she pays less regard than man does to the laws governing the human body, she suffers more physical ills, prominent among which is nervous exhaustion.

For this reason I take woman, rather than man, as the exponent of the ills we are discussing. The difference, however, is one of degree only, and, therefore, much of what I say is applicable to both sexes.

Civilization is especially hard on woman; but remember she did not make it. If she had wrought it out, possibly it might have suited her better. Be that as it may, the civilization we have does not agree with her very well.

In the practice of every physician, not a specialist, in cities and towns, year in and year out, at least eight of every ten adult patients are women.

This difference does not obtain in remote country-places where living is nearer to nature.

Do you ask why this disparity? Let us review her life as a girl, a maiden, a woman, taking a typical case of one, with a fair start in life, falling a victim to the adverse influences of modern civilization.

The little girl, healthy, strong and full of vital energy, with every prospect of attaining a glorious womanhood, is placed in school at an age when she should be running free as the young of any other animal. Instead, she is confined for hours every day in a large box (calling it a house makes it no better), and in addition is actually required to study out of the school, often at night.

The top-end of her nervous system—the brain—is cultivated by systematic tasks when it should be developing under the beneficently irregular tuition of kindly Nature's kindergarten. The development of many a school-girl is retarded and a life-long delicacy of constitution is entailed upon her by a diet insufficient in quantity and unsuitable in quality.

This injury is aggravated by the long interval between breakfast and dinner, necessitated by the school arrangements. The evil is only mitigated by the luncheon carried to school, for the quantity of food is often ridiculously small to serve as a meal for a growing child and the articles of food are not usually selected for their nutritive value—and besides the luncheon is not always eaten.

In most of our schools there is no training of the body worthy of the name, no intelligent supervision of the ventilation, no wise alternation of the periods of study and play, no skilful adjustment of light to the eyes, nor any other care for these delicate organs.

The school-day ended, her martyrdom does not cease. In the evening, her brain stimulated by coffee, she resumes her studies to prepare her lessons for the next day, and she is rarely in bed before 10 o'clock.

So ends one day of the long-drawn "slaughter of the innocents."

Under these abnormal conditions, too often, as the years go by, nearsightedness and other eye troubles begin. In proportion as education becomes general, spectacles become numerous.

At the end of every session, many of the scholars (to say nothing of the teachers) show signs of nervous exhaustion from which they have not fully recovered at the opening of the next term.

So common has this nervous pros-

tration become, that school girls sometimes abbreviate the term to the initials, "N. P." Not infrequently the physician is obliged to advise the withdrawal of the child from school.

This is a picture all too familiar to medical men, and is a snapshot from life. We are too ignorant yet to teach little children.

One of the problems now pressing for solution is so to adjust our methods of instruction that schools shall not interfere with education.

As the girl enters her teens the curriculum, of course, embraces more studies, and the burden grows heavier, out of proportion of her ability to bear it.

To make matters worse, her clothing, in total disregard of Nature's laws, is now fashioned to a conventional standard and in obedience to the rigorous mandate of our civilization—"God save the mark!"—her body in many instances is compressed, and in all cases is so hampered that permanent deformity results.

Not to mention more serious consequences, the lower ribs never more expand to the normal extent, and the type of respiration is changed.

You may have observed the heaving of the upper part of the chest in women, when emotion or physical exertion demands more air than can be supplied by tranquil breathing.

In all probability you have taken it for granted that nature so constructed woman's respiratory apparatus. Not so; left to nature, a woman breathes precisely as a man breathes.

In treating fractures of the lower ribs all that the surgeon attempts to do is to restrain the outward excursion of these bones in respiration and probably there is no better apparatus for this purpose than a woman's dress. In passing, I might say that in the beginning man gave woman a rib, and now, by the civilization he has imposed upon her, he forbids her to use it!

From this period of life onward the civilized woman is never able, by any exertion, to draw into her lungs the full supply of "God's oxygen."

Do you hold the individual woman responsible for this? Do you cast the blame on the sex in general? Woman is not the *sinner*—she is the *victim*. Custom, whether savage or civilized, is stronger than law, and she would no more dare to dress physiologically than a man would venture to appear in public with a sky-blue coat, a red vest, a yellow hat and green shoes.

By the way, young gentlemen, take my advice and never blame a woman. Tell her always that she is sweet and pretty and that everything she does is right—especially when it is wrong.

If we follow the girl through the high school, the college, the university, we shall not find in these institutions of learning any adequate provision for the education of her body. In the period of her life after school-days are over, will she find much inducement to remedy the defects of her training, or to strive to regain even so much of her lost nerve-force as may be possible at that age?

She is not an invalid and has no idea that she is a physical failure—the pitiful product of an artificial system out of harmony with the laws of her being.

She knows, of course, that she is inferior in strength and endurance, to the robust, uneducated working woman with her powerful muscles, red blood and strong nerves; but she meekly accepts the situation as a matter of course or, more likely, prides herself upon the difference, and has no quarrel with the civilization that has robbed her of her birthright.

As a result of the education we have given her, her standards of taste are conventional. Her notions of woman's proper mode of life are contrary to the teachings of physiology, and her ideals of the beauty and perfection of female form are at variance with those of the artist and the anatomist which are founded on nature's type.

This perverted taste is not the least among the causes of the ill-health and disabilities of women.

No one *strives* for that which he does not *desire,* and no one *desires* that which he does not *admire.*

As a result of false education, women do not admire physical excellence in women—they think it is unwomanly.

A great, swelling biceps muscle, with its curves of beauty, is as necessary to physical perfection in woman as in man. Yet, what young lady in evening dress, if she possessed such physical development, would not be ashamed to fan herself where everybody could see the rise and fall of the great muscle standing out in bold relief on her upper arm?

Where can you find the young woman whose idea of the proper size of her own waist is identical with the standard of the artist and the anatomist?

In the normal course of things the period soon arrives when nature bestows upon her the glorious *crown* of her womanhood—her triple crown as wife, mother and queen of home. Inseparable from this high estate are burdens, cares and responsibilities. With strong muscles, red blood and abundant nerve-force, the yoke is easy, the burden light.

But now the crucial test is applied to the methods by which our civilization has undertaken to prepare the woman for these supreme duties of her life. Too often, alas, across the record must be written the pathetic verdict—"failure.

It would be painful to describe the struggle—ofttimes the heroic struggle—of the victim foredoomed to defeat by the immutable law of nature. At last, she ceases to struggle—and then—the anticlimax—none the less pitiful for that—and the physician has on his hands Weir Mitchell's patient—"the woman with a back, a shawl around her shoulders, a sofa for her home and hysterics for her diversion."

I have selected woman as the exponent of the evils of nervous exhaustion wrought by civilization, but man, even here, is entitled to no feeling of self-complacency.

What can be expected of those youths who chew and smoke tobacco, a poison, especially deleterious to the immature nervous system; who indulge in alcoholic drinks, and who are guilty of a general disregard of hygienic laws physical and moral?

Exclude, if you please, college students, who are a selected class, more or less trained, and behold the result!

Look around you at the young man of the average stamp with his poorly developed lower jaw, his thin neck, his narrow drooping shoulders, with the lawless deviations of his spinal curves; his shoulder blades like sprouting wings; his flabby muscles; his slouching gait; his short-winded lungs, and his heart that succumbs to the strain of a hundred yards' dash!

Is *he* much better prepared for *his* life-work than is the young woman for the duties awaiting *her?*

Would you pick *him* out for the center-rush or the half-back on your football team?

But, if the arduous struggle on the athletic field calls for endurance, what shall we say of the football game of life?

"If thou hast run with the footmen and they have wearied thee, then how canst thou contend with horses? If, in the land of peace, wherein thou trustedst, they wearied thee, then how wilt thou do in the swelling of Jordan"

Truly, civilization has made man, physically, a little higher than these angels, and he has much to be thankful for, but nothing whereof to boast.

Now let us hasten to the conclusion. I have made my diagnosis of the case; described the symptoms, and pointed out some of the characteristics of our civilization which I regard as the cause of the evils.

But in all this, it was not my purpose merely to recite a catalogue of complaints, or to suggest the pessimistic idea that these evils are inherent in civilization.

On the contrary, I profess a more cheerful philosophy. I am an optimist, and I believe that the genius of mankind will not only be found equal to the task of purging his civilization of the ills we are now discussing, but also of many, if not all, diseases that are now unavoidable.

Under present conditions, some are born sick, some achieve sickness, and some have sickness thrust upon them; but in the good time coming I hope no man will be the victim of hereditary disease, no man will so live as to achieve sickness, and no man will have malaria, yellow fever, or any other disease thrust upon him by the proboscis of the mosquito, or any other suctorial insect, or by air, food or water; for by the destruction of all disease-producing micro-organisms, the whole class of infectious diseases will have been banished from the earth.

Such a hope may be a logical deduction from the present status, and the past history of the race, but it is impossible to foresee by what means, at length, the hope will be realized.

Nevertheless, one can predict with some degree of certainty, what forces, in the near future, will be most active in hastening the evolution now going forward in that direction.

All human knowledge and ability may be laid under contribution in working out the result, but to the teacher and to the scientist, we must look for our leaders in the great crusade.

But not until these leaders and their followers have overcome the inertia of the mass of mankind, can we expect any great forward movement. Those individuals who cannot be taught by precept and example must learn by sad experience.

"The injuries that they themselves procure
Must be their schoolmaster."

The scientific knowledge we now possess, if applied with the wisdom and energy shown in many other great endeavors, is more than sufficient to create, even within the lifetime of one generation, a wonderful change for the better in the character of our civilization.

But in the far-distant future our life will be so modified by the discoveries and inventions of science, keeping pace with the moral, mental and physical advancement of man—that the most exuberant imagination must grow weary and resign the hope of drawing even an outline of the picture.

Before closing, I wish to say a few words in regard to the gratifying and encouraging signs of improvement now apparent in everything pertaining to the care and development of the body. But most of all, it gives me pleasure to speak of the revolution that

within my own recollection has taken place in the ideas, customs and habits of young women. I have seen the passing of the lackadaisical young lady who, etymologically considered, could show, by the size of her waist, a fairly good title to be classed as an insect; who shunned the sunlight for fear it would injure her complexion; who regarded a wholesome red color of the cheeks as a badge of vulgarity, and all exercise, beyond a decorous walk, as unladylike, and prided herself on her ability to faint gracefully and becomingly.

I have seen the coming of the young lady who, without losing one of her feminine graces, is grateful to the Almighty for the 500 muscles He has bestowed upon her, and rejoices to use them; who is no mean pedestrian; who plays golf, tennis and basket-ball; who rows, fences and swims; who has cultivated her waist; who offers her cheeks to be kissed by the sun, and thinks the hue of perfect health the most becoming color she can wear.

Before this audience I need only to allude to the fact that to-day the colleges and universities for men are turning out athletes instead of pale dyspeptics.

But, after all, young ladies and young gentlemen, you, the favored ones, are as yet only a "little flock," and your light and knowledge lays upon you the duty of going out as missionaries to a world lying in physical sin and wickedness.

I cannot more strongly impress this upon you, nor more fittingly close my address, than by quoting the following piece of medical wisdom from Herbert Spencer:

"Perhaps nothing will so much hasten the time when body and mind will both be adequately cared for, as the diffusion of the belief that the preservation of health is a duty. Few seem conscious that there is such a thing as physical morality."

323 W. Morgan St.

SELECTED PAPERS.

A Plan to Eradicate Syphilis, Chancroids and Gonorrhœe.*

By Alfred Waldemar Herzog, Ph. B., A M., M. D., New York City.

Our Health Boards make it imperative for Physicians to report every case of whooping cough, scarlet fever, diphtheria, small pox and several other diseases coming under their observation, but nobody is obliged, or even expected —nay as a matter of fact is not even permitted to report any case of gonorrhœa, or chancroids to the authorities.

As if the fact that anybody has measles belonged by right to the public, so that it might protect itself against this disease, while the fact that somebody has syphilis is considered to belong to the party having the disease, as his own secret, so that he may propagate and distribute the same, where and how it pleases him. Now this is radically wrong, it seems to me.

While it is true that small pox is a loathsome disease, which may also cause death, while it is true that scarlet fever and diphtheria are all dangerous diseases, and while I believe that it is right that the public should be protected against them, by knowing who is afflicted with them, and if necessary taking charge of the so afflicted until they are cured and are no more a men-

*Read at the Forty-fifth Annual Meeting of the Eclectic Medical Society of the State of New York, January 12, 1905.

ace to the community on account of their disease, still I also believe, that the public has the right to know who is suffering from gonorrhœa, chancroids or syphilis, and protect itself against these diseases, the more so, as while the ravages of small pox cease after a while, those of syphilis or gonorrhœa keep on increasing forever.

Yet notwithstanding this, to save the feelings of the parties having these diseases, they are considered to be private diseases, and as such absolutely protected from the prying eyes of the public.

And no matter how the public may suffer from this secrecy, no matter if a whole school of children may become infected from one person suffering from syphilis, and it must be remembered that syphilis may be contracted in a perfectly innocent way, as for example by drinking from the same glass from which an infected person has drank; nothing has been done up to the present to protect the public against either gonorrhœa, chancroids or syphilis.

This, according to my idea is radically wrong. It is unfortunate for anybody to be afflicted with either of these three dreadful diseases, yet this should not give them any license of giving these diseases to anybody else, and as it has been proven that the majority of the people suffering from these diseases are lacking in the moral tone necessary to protect other people from them, that is to say, as it has been proven to every physician that people suffering from these diseases seem to be nothing loath to hand them on to others, the public has a right to be protected against them, and must be so protected.

I would therefore make it imperative for the physician to report every case of gonorrhœa, chancroids and syphilis coming under his observation.

The sufferers from acute cases could then be treated either in public institutions or by their private physician until cured.

Secondly, the sufferer from one of the three diseases should be obliged to inform the physician or the instituted authorities from whom, according to his opinion he or she has contracted the disease.

This person should then also be examined by a physician, or if his diagnosis be disputed by a board of physicians, so as to ascertain whether he really be suffering from a venereal disease.

Sexual intercourse of a person afflicted, with a healthy person should also be prohibited by law, and be punished severely.

Punishment should be meted out to one suffering from gonorrhœa having sexual intercourse with another suffering from syphilis and vice versa.

Thus sexual intercourse would or rather should be permitted between persons suffering from gonorrhœa, if both parties are acquainted with the facts, and also between persons suffering from syphilis under the same circumstances.

By the same reasoning persons suffering from syphilis or gonorrhœa should be prevented from marrying any person not tainted in a similar way.

A person suffering from chancroids should not be permitted to have sexual intercourse until cured from this disease, and then only after an examination by a medical tribunal.

A person suffering from gonorrhœa or syphilis, or rather having suffered from either disease, may be restored to the ranks of the healthy after due examination by a board of physicians, and a re-examination after a time of probation.

I would also suggest colonies for the

sufferers from syphilis, as thus only could the dangers of propagation of syphilis, from drinking by non-syphilitics be avoided.

And while I would permit the marriage between two persons syphiliticall-y tainted, I would also suggest that in such cases pregnancy should be prevented or abortion made obligatory, should pregnancy occur. This would naturally prevent syphilis being propagated from parents to children.

I know that a great many people will call the measures advocated by me cruel and interfering with "The sacred rights of the family" and so forth and so on. Yet I contend that the public owes some duty to itself and to those members of society who are free from venereal disease, and it is wonderful that a disease which could so easily be eradicated by the means advocated by me, is permitted to thrive and endanger so many thousands of the inhabitants of this globe.

535 Lexington Avenue.

Clinical Society of the New York Polyclinic Medical School and Hospital.

CHRONIC ABSCESS OF THE LACHRYMAL SAC.

Dr. Earl Conner exhibited two patients with chronic abscess of the lachrymal sac. The first patient had been treated by probing, which is the classical procedure usually followed in these cases. The speaker said that his experience had been that this mode of treatment afforded temporary relief, but the attacks of inflammation usually recurred, and the patients returned for treatment from time to time, and he did not think that a real cure could be obtained by this means. The patient had absolutely refused operation, and his condition at the present time presented the highest type of relief that could be obtained without the use of the knife.

The second patient gave a history of suppuration for four years. Two years ago he was operated on at another hospital, and the eye was dressed for eight months, gauze being packed into the wound, cauteries applied, and several forms of treatment tried, all of which failed to produce a satisfactory result. He was admitted to the Polyclinic Hospital and was operated on, the dome of the sac being dissected out, and a much longer incision was made than at the time of the first operation. The first operation was a failure because the incision was too short, but the second one was successful, and the patient was discharged the third day after this procedure, and his condition at the present time is very satisfactory.

Dr. D. S. Dougherty opened the discussion of this case. He said that often a frontal sinus, with a sinus running down to the lachrymal sac might be mistaken for abscess of this sac. He thought the latter condition sometimes dependent upon a nasal deformity, and relief of this deformity would have a curative effect upon the disturbance in the lachrymal sac. He thought, too, that slitting up the sac and washing it with an antiseptic would produce very good results.

Dr. J. A. Bodine said that in his opinion it would be a very simple matter to cure the disease by dissecting out the sac from below, but he would like to know what the result of closing up the outlet for tears would be.

Dr. Conner said the hemorrhage would follow such a procedure, then blood-clot would fill the cavity and organize; the clot might break down; granulation tissue would form, and gradually the obliteration of the sac would follow. The patient presented

still had a watery eye; and by use of astringent collyria, the epiphora would be overcome; or, if it was not, removal of the lachrymal sac would relieve it. The object in showing the patient was to demonstrate that so long as the abscess existed, so long was the eye in danger. A simple abrasion, for instance, might produce a sloughing of the cornea, and then the eye may be lost. He thought operation justifiable to preserve the health of the eye.

The paper of the evening was read by Dr. Walter C. Gilday, and was entitled:

TREATMENT OF FRACTURE OF THE PATELLA.

He said in part:

"Treatment of recent fracture of the patella should be divided into non-operative and operative. The non-operative, in my opinion, is not the treatment of selection, but should be resorted to when the patient will not allow an operation. When we meet such individuals, I prefer the method of Wyeth, which consists of two pieces of adhesive plaster, cut in such a shape that they cover the entire anterior surfaces of the thigh and leg. At one end of one piece is left a narrow strip, to which is attached an ordinary buckle; on the other one, the strip acts as a tongue that fits into the buckle. The thigh and leg having been scrubbed and shaved, the adhesive plaster is so applied that the upper and lower fragments of the fractured bone are caught respectively by the tongue and buckle. The buckle is tightened so as to draw the fragments together. They usually show a tendency to tilt upwards, which is overcome by placing a piece of cotton directly over the fracture, the counter-pressure holding the fragments in apposition.

Union is not bony, as the torn capsule will drop between the broken ends of the bone. A posterior splint is applied, and in a very few days the patient is allowed to go about with crutches, the sole of the shoe on the opposite foot being elevated. The buckle is tightened as the swelling goes down.

The treatment is kept up, sometimes for months, and the result is not as satisfactory as after the operation. The patient will complain that it bothers him to go down stairs, or to run, and will say that he is never "sure of his leg."

The best time to operate is the third or fourth day after injury, the patient having previously been kept perfectly quiet, with a posterior splint, and an ice bag applied continuously over the knee joint. By this time, hemorrhage will have ceased and the swelling subsided. If, however, the swelling has not sufficiently reduced itself, it is perfectly safe and proper to wait until the seventh or eighth day.

The asepsis is all important, for the existing contused and lacerated soft parts, in the presence of blood clots and serum, present a fertile field for sepsis. On the other hand, there are several days during which to prepare the skin. This may be accomplished by applying, during the first day, a thin green soap poultice over the entire knee joint, under the ice bag; the next day scrub thoroughly two or three times with a brush and green soap; then an application of 1-5000 bicloride dressing is kept on till the time of operation. Tincture of iodine is applied to the skin immediately preceding the incision. The operator should so perfect his technique that his fingers never come in contact with the field of operation.

A few minims of a one-fourth of one per cent. of cocaine solution injected into the line of incision will completely

anesthetize the whole field, and is preferable to general anesthesia. The cocaine solution must have a neutral reaction, which is accomplished by using normal salt solution as a medium.

I prefer the semi-lunar incision, with the convexity downward. The most serious objection to this incision is that the scar comes over the tubercle of the tibia, which can be obviated by bringing the incision a little above this point.

The incision being made, intervening blood clots are washed out with a stream of normal salt solution, the torn edges of the aponeurosis are picked up with a thumb forceps, the ragged edges trimmed off with a pair of scissors and sutured, care being taken to get perfect apposition, especially of the lateral aspects. Kangaroo tendon is the preferable suture material. The wound is dressed with an ordinary dry, aseptic dressing and a posterior splint applied. In the clinic of Prof. Bodine, an individual splint is used for each case. The splint is made of plaster of Paris, folded in the shape of a board, and before it hardens, applied to the posterior surface of the leg and firmly bound. The skin is first coated with a thin layer of vaseline and the plaster applied directly to it, and excoriation has never resulted from this method. Plaster, after hardening, is removed, the rough edges are cut away and trimmed with adhesive plaster."

He then described in detail the after-treatment of these cases, and said that the patient was discharged at the end of the sixth week.

Dr. F. C. Keller opened the discussion of this paper. He said that from the results of the open operation which he had seen performed for fracture of the patella, he was firmly convinced that this was the method of treatment which should be used in most cases.

Dr. J. P. Tuttle said that he approved of the method of operation advocated by Dr. Gilday for the cure of fracture of the patella. A few years ago this condition was treated by some such appliance as the old Agnew splint, with a strap above and a strap below the fragment, and a screw which was tightened each day, with agony to the patient. After many weeks and even months of uselessness, the patient would be able to walk, possibly with no motion at all at the knee joint, and often with from half an inch to an inch separation between the bony fragments. Later, holes were bored in the bones and silk sutures were introduced, but after several limbs had been amputated from the knee because of sepsis following this procedure, the old method of using apparatus was again resorted to. An important point in perfect asepsis in operation on the patella is the perfect cleanliness of the skin previous to operation. It was customary at one time to operate after using listerine to wash the surgeon's hands, and with two or three sprays throwing carbolic acid directly into the wound. The patient, however, would be brought in wholly unprepared, the skin washed with soap and water, carbolic acid applied, and then the operation would be performed, almost invariably with sepsis following. Some years ago there was much talk of treating fractures of the patella by massage, but the speaker failed to see how massage alone could enable the patient to regain the use of his limb. There is always danger of involving the knee joint where the capsule is not torn directly across, and he would like to know what the procedure would be under such circumstances.

Dr. J. A. Bodine said that so many operators claimed to be so successful with the old expectant method of treatment in fracture of the patella, that is, successful in point of joint function,

that they saw no reason for adopting the suture method, with its greater element of danger. The speaker, however, was quite certain that the functional result was always far from perfect with the old method. The insurance annuity in operation in Germany today discloses the fact that the average earning capactiy of fractured patellas, treated by expectant methods is about 65 per cent. In a recent text-book on fractures now attracting attention in the surgical world, ten months with splint bandage is given as the period of recovery in fracture of the patella by the old method, and at the expiration of that time it is never as useful a limb as its fellow on the sound side.

The reasons for non-union in the patella are: (1) Contracture of the quadriceps muscle; (2) intra and extra articular hemorrhage; (3) interposition of the torn capsule between the broken fragments; (4) tilting of the fragments, so that the fractured surfaces do not appose. The rational treatment should then overcome all of these. This can only be accomplished by operation. Dr. Gilday wisely said that the operation should not be undertaken before the third day, and the speaker said that if there was much swelling or effusion into the joint, a period of even from five to ten days may elapse before operation, and this time advantageously employed with massage. Massage is all-important in doing away with the spasm of the quadriceps and aiding nutrition of the muscle, and causing absorption of the extravasated blood. Some German surgeons are today advocating the treatment of these fractures by massage alone, without any effort directed to the position of the bony fragments. It seems to the speaker, however, that this method was illogical and unwise and certain to be followed by a poor functional result, if the tear into the capsule extends laterally into that portion of the fascia lata which we call the extensor reservatus. The value of massage in the modern treatment of fractures in the region of any joint is acknowledged to be all-important. During the interim between the accident and the day of operation, the time may be advantageously employed in thoroughly sterilizing the skin, and another important result of this deliberate waiting is that the bleeding from the broken fragments has had time to cease, and the blood to firmly clot, so that this clot can be turned out with salt solution all in one piece.

The speaker had operated on fifteen cases by the open method, with a perfect functional result in every instance. All of his cases were operated on under local anesthesia, one-fourth of one per cent. of cocaine, the entire operation being completed in fifteen minutes without a single twinge of pain to the patient. The posterior splint which the speaker used was made with plaster of Paris, as illustrated by the essayist, except that it was applied directly to the skin surface, without the interposition of padding, the surface having first been smeared with vasaline.

Dr. Luckett said that he approved of the splint used by Dr. Bodine, except that he put one thin layer of gauze between the skin surface and the plaster.

Dr. J. H. Waterman said that the method recommended by Dr. Bodine for applying plaster of Paris to the patella had been used in the Hospital for Ruptured and Crippled for many years, with very gratifying results.

Dr. W. B. Thompson said that he thought the joint was apt to stiffen when the plaster set, and he also thought excoriation apt to follow application of the plaster directly to the skin surface.

Leprolin—A Cure for Leprosy.

One by one the diseases once pronounced incurable are yielding to the advances in medical science. In the discovery of Leprolin by Capt. E. R. Rost of the Indian Medical Service, Rangoon, Burmuda, promise is given of a remedy to combat the ravages of leprosy, a disease that has heretofore been considered incurable. Capt. Rost has discharged sixteen cases from the leprosy hospital of Rangoon as cured, and had in December last one hundred and twenty cases under treatment, most of whom were improving.

Rost, recognizing that the Bacillus Leprae belonged to the acid fast series, conceived the idea of attempting to cultivate them in media free from chlorides. For this purpose he used a beef extract distilled by the aid of steam. The process as described by Normand Rudolf, M. S. C., F. I. C., F. R. G. S., of Simila, Punjab, India, (*Medicine*, March, 1905) is as follows:

"Small lumps of pumice stone are washed and dried in the sun and then allowed to absorb a mixture of one ounce of meat extract and two ounces of water. The pumice stone is then placed in wide-mouthed bottles, and the bottles are put in an auto-clave.

Each bottle is provided with a stopper through which pass two tubes, the one tube opening into the auto-clave and reaching nearly to the bottom of the bottle, and the other leading from the top of the bottle into a condenser adjoining.

When the cover of the auto-clave is adjusted and steam admitted, then in the case of each bottle the steam passes by the one tube to the bottom of the bottle, and rising through the pieces of pumice stone, the steam carrying with it the volatile constituents of the meat extract, reaches the condenser by the second tube. The vapor in the condenser yields the salt-free nutriment medium in the proportion of two liters to each ounce of meat extract originally used. * * * * The nutriment medium is collected as it flows from the condenser in sterilized Pasteur flasks, which are kept plugged during the process in a freezing mixture in order to condense some of the volatile alkaloids from the beef which would otherwise escape. The nutriment fluid is now inoculated with the bacillus of leprosy, and the flasks are kept in an incubator at a temperature of 37° for from four to six weeks, at the end of this period when examined the flasks should present a turbid appearance with a stringy, white deposit. The contents of the flasks are then passed through a Pasteur filter, and the resulting filtrate is again filtered in the same way. * * * * * * * *

The fluid is now reduced to about one-tenth its bulk by evaporation in vacuo over concentrated sulphuric acid. The apparatus used for this concentration is a simple but ingenious adaptation of a familiar form of small ice plant. * * * * * * *

The fluid is now mixed with an equal quantity of glycerine and preserved in an ice chest until required for use, and this is leprolin.

By the employment of an improved process of continuous cultivation a stronger leprolin may be obviated. In this method a cultivation of the B. lepral is made in nutrient medicine in a suitable vessel, and the toxins are continuously but slowly drawn off through a Pasteur candle, the whole apparatus being kept at the correct temperature in an incubator.

Capt. Rost is an Engishman, 32 years of age, said to be very retiring in disposition, and his work on leprosy is only a side issue of some very ex-

tensive investigations he is making. The experiments so far made in the treatment of the disease with the new product are barely sufficient to say that we have in it a specific for leprosy, but trust more extended observations will confirm the promises of its utility.

Cerebrospinal Meningitis.

HUBER read a paper on this subject before the American Pediatric Society based on a study of 100 cases in private and hospital practice in the New York City epidemic of 1904, (*Archieves of Pediatrics,* February, '05). Severe onsets are not indicative of subsequent severity. Nor are mild initial symptoms precursors of favorable termination. Duration of disease runs from a few days to several months. Invasion of disease more often sudden. Two or more of the following symptoms noted: Chills or chilly feelings, fever, convulsions or convulsive movements, headache, pain and tenderness of muscles, with rigidity of back of neck, irregular pains in the joints or other parts of the body, nasal catarrh or conjunctivitis, restlessness, sleeplessness, active or passive delirium, prostration, peculiar pallor with sunken eyes and greater or less degree of apathy, stupor or even coma. Pain in the head an early symptom. Pain, tenderness and retraction of posterior cervical muscles an early and pathognomic sign. Orthotonos more common than opisthotonus Prostration with general relaxation an evidence of intense infection. Mental condition varies from slight drowsiness to violent delirium. Complications are many and varied. Temperature range great and nothing pathognomic about the fever.

Blood examinations show leucycotosis principally of the polymorphonuclear cells. Diplococcus found in nearly all cases, generally at an early stage.

It is more common with the poor and in crowded quarters, though all sections are invaded. Pneumonia was prevalent, and epidemic seemed to abate with warm weather. The specific poison did not seem to be transmitted by contact from one person to another.

The actual course of the disease is not known, nor is the method of transmission or manner of elimination known. Hence treatment or adoption of prophylactic measures is limited. In treatment the great irregularity of the disease and its high mortality must be considered. Each case must be judged by itself. *"The strength of our patients must be kept up by proper nourishment and careful nursing."* Treat symptoms as they arise. Isolate patient and give rest to body and mind. Iodides insisted upon. Ergot has its supporters. Morphia, codeia or opium to control pains. Bromides may be substituted occasionally. Hot packs with mustard sometimes relieves muscular rigidity. Phenacetin for head pains or ice caps. Lumbar puncture may relieve the pressure which of itself may cause death. In some there is no fluid, only congestion, when a dry tap will result; in others there is fluid and the procedure gives the character whether serious serofibrinous, seropurulent or purulent In serous fluid, puncture is of benefit. In the others there is toxemia in addition to the exudation and is more complicated. Results of puncture are disappointing. It may facilitate diagnosis and temporarily relieve some distressing symptoms of pressure, but it does not cure.

Injection of lysol was disappointing. Injection of normal salt solution after puncture slightly more encouraging.

Abortive Treatment of Gonorrhœa.

Goeth Link, M. D., claims that gonorrhœa in its early stages (one to two days) can be aborted. (*Central States Med. Mag,* Feb., '05). The method detailed is that Engelreth, and consists in the right use of nitrate of silver solution. Cases with a swollen meatus and a cloudy urine will not respond to the abortive treatment. Indications for its use are: Early stages of the disease: No swelling of the meatus—First urine with shreds, but not cloudy. Presence of gonnococcus assured.—The anterior urethra is irrigated with 16 to 20 oz. of 1-3 to ½ per cent. silver nitrate solution. The pressure given by having the irrigator four feet above the hip. Temperature of solution, 98° Far. Current should be slow and contraction of sphincter assured by giving the treatment with bladder full of urine. After irrigation, the meatus and fossa navicularis are injected with a 3 per cent. solution of silver solution causing a white precipitate. Advanced cases are not amenable to this form of treatment.

Endometritis.

Eastman in a paper Gynecological Notes (*Cent. States eMd. Mag.,* Feb., '04), says endometritis is the result of some pathological condition, rarely existing, with involving the uterine muscularies. It may result from neglected displacements or slowly developing neoplasams in the adnexia. These must be recognized or treatment will avail nothing. Retro displacements are the most common features, and these must be remedied. Pessaries are not passing away, and well fitting pessary is a boon to many a woman, but it often requires as much skill to fit a pessary as to make a radical operation. Do not use a persary where adhesions are so firm as to resist manipulative treatment. Surgical methods only will suffice. The Lent probe of silver, armed with fused number two lunar caustic is passed slowly up to the fundus and as slowly withdrawn. Use small dose of morphine if colic follows. Repeat every ten days or two weeks for two or three times; 10% ichthyol in glycerine on cotton tampons are valuable adjuvants. One half gr. white alkaloid hydrastin tablets may be given three times daily. Or use following:

℞

Ergotin... ....grs. ½
Ex Viburnum.. ... ..grs. 2
Ex. Hammealles.... ..grs. 1
Ex. Nux Vomica..5 ..grs. 1-12
Hydrastin Resin.. ....grs. 1-16

Atypical Typhoid Fever.

C. F. Lynch, M. D., read a paper before the Washington State Medical Association on atypical and modified forms of typhoid fever (*North West Med.,* Feb., '05). He takes the ground that the classical text-book description of typhoid fever is misleading to the student and young physician. There should be no fixed conception of typhoid. The typical cases should not be the standard for measurement for less pronounced ones. Seasons have much influence, as mild cases in December may be typical for that month and atypical for summer months. Early recognition of atypical cases is important. They cause much dispute among doctors, are difficult to control and treat, hard to convince family of the diagnosis, and disinfection is imperfect with further contamination imminent. The great danger lies in relapsing, and then the diagnosis is confirmed, but we don't want a relapse

to confirm the diagnosis. In these cases the Widal reaction is not satisfactory and we need more satisfactory test.

To finally sum up the subject it would seem:

First—That our conception of typhoid fever is too narrow.

Second—More attention should be given to a study of the atypical typhoid forms.

Third—The Widal reaction, as at present applied, will perhaps not reach the majority of modified cases.

Fourth—Atypical or modified cases, though mild, are capable and likely to be followed by relapse of a very serious nature, and these relapses are often hard to prevent, owing, perhaps, to the lack of reactional material (antitoxin) present to protect the patient."

Lympanitis.

O'DAY read a paper on this subject before the Pennsylvania Med. Society (*Pa. Med. Jour.*, Jan., '05), in which he advocates the puncturing of the abdominal walls with hypodermic needle or small trocar for tympany that does not yield to ordinary treatment. He acknowledges it is an unsurgical procedure, but claims that the end justifies the means, quoting Osler: "Tympany seriously embarrasses the respiration, and as Fenwick has pointed out, may cause sudden heart failure." Tympany interferes with the mechanism of the thoracic viscera and produces carbon dioxide poisoning. The operation is devoid of danger and can be performed by one not accustomed to the use of the knife.

As prophylaxis in abdominal sections he gives the following:

"With dangers of tympany constantly in my mind, particularly that which follows handling the peritoneum, I have adopted the following plan, which as a prophylactic has served me well: Excepting in cases of emergency, I defer opening the peritoneal cavity till the bowel has been thoroughly cleansed and the patient has been on a water diet twenty-four hours prior to the operation; the patient being allowed water up to the time of the operation. Following the operation no food other than plenty of water is given for three days. Beginning then with a lemonade of albumen water without sugar, the diet is gradually and carefully increased after a saline has been given and the bowels responded thereto.

"I believe in the free administration of water immediately after operation. If the stomach ejects it, so much the better for the alimentary canal has been rid of particles capable of fermentative change. Three days without food may seem cruel but reference to Dr. Tanner's experiment will show it to be a mere nothing."

Pelvic Tumors Complicating Pregnancy.

WERDER in an address on Obstetrics before the Pennsylvania Medical Society (*Pa. Med. Jour.*, Jan., '05) says though pelvic tumors are not very frequently associated with pregnancy, when such a combination occurs it is often of vital importance to both mother and child that the proper measures to safeguard their lives be adopted promptly and without delay. The physician must be cognizant with history and course of these neoplasms. Three forms of neoplasms are dealt with—ovarian-tumors, fribroid myoma and carcinoma, and the following conclusions are reached:

"The general outlines of the treatment of pregnancy when complicated with pelvic tumors may be given in very few words, as follows: (1)

Ovarian cysts being a constant menace to the safety of the mother during pregnancy, should be promptly removed at any period of gestation. (2) Pregnancy complicated by fibroid tumors should as a rule be treated on the expectant plan and requires interference only when serious danger to the mother arises. (3) When carcinoma of the uterus is discovered during pregnancy, immediate radical operation should be performed when the disease is still in an operable stage, regardless of the child. When the neoplasm is inoperatable, however, the life of the child becomes the paramount consideration in the treatment."

Epilepsy.

Eshner defines epilepsy as a paroxysmal neurosis characterized by attacks attended with derangement of consciousness or of motor co-ordination, with or without convulsions (*Medicine*, March, 1905). The etiological factors are unknown, but are probably some irritating influence, chemical or mechanical, upon an unduly irritable or unstable sensorimotor mechanism. The different forms are noted: major, minor, focal and psychic, and their characteristics defined. The treatment consists in removal of irritating influences and the correction of the instability of the sensorimotor mechanism. The marriage of epileptics should be given consideration in this connection. Every case is a law unto itself. Examine into family and previous personal history. Regulate all habits and mode of living. Maintain all the functions of the body to the highest standard. Exercise and employment are essential, in the open air if possible. Colony method of treatment is desirable. Leave alone as little as possible.

In the attack, loosen clothing, give air, protect tongue from the teeth, lay on side, the left has been considered the better, and if convulsions are long continued give anesthetic.

Medical treatment is empirical. If aura is present, amyl nitrite may prevent attack, or ligature constricting member from which it starts is useful. Stop all attacks possible. Reduce the number, as acts more frequently repeated are progressively more readily executed. Bromine preparations offer the best means of producing sedative action. Give in large doses, in various combinations and change from one to another often. Other sedatives can be used occasionally, as trional, sulphonal and chloretone. Borax in ten grain doses three times a day has given good results as a change.

Ligation of vertebral arteries and divisions of cervical sympathetic nerve have both been recommended. Any profound impression, as traumatism, accidental or surgical, or an acute intercurrent disease, may exert an apparent favorable influence on the number and severity of the seizures.

Emergency Surgery.

Wible has given in tabulated form over 25,000 cases of emergency surgery received from mills, mines, furnaces, railroads, etc., during the past twelve years (*Pa. Med. Jour.*, Feb., 1905). Deaths occurring were in 99 per cent. either immediate or within 24 hours of reception of injury from shock. First aid dressings should be few and uncomplicated. Sutures and needles should not be included. Carbolic acid and bichloride tablets are dangerous to be placed in the hands of the laity.

"The first aid box I have devised meets the requirements very well for all first aid needed. The articles therein are, cramp cure; solution lead wa-

ter and laudanum, arnica or witch hazel; acetanilid ointment, bandages of assorted widths, sheet cotton on which to spread the ointment, adhesive plaster, a medicine glass, scissors, a spatula and safety pins and aromatic spirits of ammonia. On the card of instructions, which is fastened inside the lid of the box, I do not teach any antiseptic precautions except the covering of open wounds with pledgets of absorbent cotton, binding on the same firmly with a bandage, then await the arrival of the surgeon or convey the patient to the surgeon's office."

Tourniquets are not included because as generally used they constrict only the veins and not the deeper arteries and cause more bleeding. Only one case in this report bled to death and that was from a severed axillary artery.

Stretchers should be on a strong frame, of woven wire and without legs. Carry patient feet foremost and by only four bearers. Ambulance and car stretchers should be of strong cloth and only 24 inches wide to facilitate passing through doors. Blankets and pillows should be kept strapped to the bottom of all ambulance stretchers.

Solution of picric acid is used for burns and scalds. To cleanse wound covered with oil and black grease, use gasolene on pledgets of cotton. Acetanilid is a cheap, non-poisonous and inodorous dressing, with antiseptic, dessicant and analgesic properties. One-fourth inch wide rolls of zinc oxide 'adhesive plasters are preferred to the surgeons' rubber plaster. Amputation is more dramatic to the onlookers than conservatism, but the surgeon's duty is to save as much of the injured member as possible. Hospitals should be erected in every town or city of 10,000 inhabitants and corporations employing numbers of workers should aid in their building.

The following distributed to employees and posted in factories is appended to the paper:

PRECAUTIONS AGAINST SUNSTROKE AND HEAT-EXHAUSTION, AND FIRST AID FOR SAME.

Sunstroke is caused by exposure to excessive heat of the sun.

Heat-exhaustion is caused by the combined action of excessive artificial heat in confined quarters and great bodily fatigue.

1st. The common signs and symptoms of approaching sunstroke and heat-exhaustion are headache, dizziness, weakness, noises in the ears, absence of perspiration, and the sight growing dim.

2d. When an employee complains of the above symptoms, compel him to stop work and retire to a cool, shady place, and, unless he feels well in half an hour, have him go home for the remainder of the turn.

3d. Under no circumstances allow a man to work who is in any degree intoxicated, or who is drinking any alcoholic liquor while at work, because the drinking of liquors is one of the most common causes of sunstroke.

4th. Keep all departments as well ventilated as possible.

5th. Instruct the employees to drink moderate quantities of water at short intervals, rather than large quantities at long intervals.

6th. Any employee who is suffering from severe diarrhea, cholera morbus, cramps, or who is not feeling well from any cause, should not remain at work, if his duties are at all laborious, and he is exposed to excessive heat of the sun, or artificial heat.

7th. When an employee falls with an attack of sunstroke, he should be carried with all the haste possible into the shade. Cold water should be poured freely over his head, chest and body. Then place him on a stretcher and remove him to the company surgeon's office as rapidly as possible.

8th. In heat-exhaustion (which can readily be distinguished from sunstroke by the surface of the body being cold and the face pale, whereas in sunstroke the surface is excessively hot, the face flushed, and the eyes reddened), place the patient on the stretcher cover him with a blanket, and, if able to swallow, give him a teaspoonful of the ammonia (to be found in the emergency box) in the medicine glass filled with water. If not able to swallow, saturate a pledget of cotton with the ammonia and allow him to inhale same. Remove him then quickly to the company surgeon's office.

Prescription Writing.

M. C. Thrush, Ph. M., M. D., has made an investigation of 1,000 prescriptions filled in two Philadelphia drug stores, and gives the results before the Philadelphia Co. Med Soc., in The Trend of Modern Prescription Writing (*Jour. A. M. A.*, Jan. 7, '05). Only 621 were found correct in all particulars; 13 contained chemical incompatibilities, and the same number pharmaceutic incompatibilities; 484 contained unofficial preparations, and 359 contained proprietary medicines; 5 only were written in the metric system.

The importance of a competent pharmacist is emphasized, and the deficiency in prescription writing, especially of the recent graduates, with whom most of the errors were found, is deplored. The responsibility for this is with the colleges, as this branch is imperfectly taught or ignored. The recent graduate attempts to write an elegant prescription, fails and falls back on the ready prepared proprietary preparation. Philadelphia colleges are congratulated on the excellent standing of 1904 State Board examinations:

"The above investigation warrants the following conclusions:

"1. That the trend of modern prescription writing is in favor of proprietary preparations.

"2. That the use of polypharmaceutic preparations is diminishing to a great extent, and their use is chiefly confined to the older practitioners.

"3. That the number of incompatibilities observed is greater than it should be.

"4. That the metric system is but little employed at the present time in prescription writing, a condition to be deplored.

"5. That over one-third of the prescriptions are incorrectly written, and this is especially noticeable among the young practitioners.

"6. That certain non-official preparations are quite popular, and that some of these deserve admission to the United State Pharmacopeia.

"7. That the more educated the physician the greater the use of the pharmacopeial preparations, and the greater the tendency to simple instead of complex, non-scientific, polypharmaceutic and proprietary preparations."

Small Hospitals.

Wey in the presidential address before the Medical Society of the State of New York (*Buff. Med. Jour.*, Mar., 1905), in speaking of the influence of small hospitals in villages and smaller cities, heartily commends them for these reasons:

"The hospitals referred to, in addi-

tion to primal purpose, are educational factors in their respective localities. They confer benefits upon members of their staff, contributing to the latter's experience and skill and enlarging the field of their activities. As many benefits accrue to the staff as the staff renders the hospital, and in the conferring of these benefits and privileges, the standard of medicine in a given locality is enhanced. Every community is benefited in the broadest meaning of the term by a hospital, and every physician connected therewith is a better, broader and more useful man by reason of such connection. The relation of smaller hospitals in rural and semi-urban districts to schools of postgraduate instruction is a reciprocal one, each benefiting the other, both an earnest of scientific, precise medicine, and the influence of both, year by year more manifest and widespread. Both alike stand for higher education and rational medicine."

In the same address another important suggestion is made, the gist of which is found below:

"It would appear the time has arrived for each county to afford laboratory facilities. There should be a county bacteriologist to make blood counts and examinations, diphtheria cultures, Widal tests and examinations for pathologic bacteria, as the bacillus tuberculosis and the micrococcus of Niesser, and perform routine laboratory work, as related to general every-day practice of medicine. There are county officers connected with and of less importance to public weal than would be one of the character just suggested. Cities and many of the larger villages provide for themselves in this respect, and thus, in a measure, meet the demands of immediately contiguous territory.

"County laboratories should not be regarded as an accommodation or concession to the profession, but occupying a higher plane, a benefit to the community in its entirety, without relation to class. Blood count and examination, interrogation of excretory and secretory products, cultures and laboratory work in general, pertain specially to no school or dogma of medicine, but are the conferred benefits of science and progression, applicable alike to patient and physician and conducing to the common welfare.

"The establishment of county laboratories would relieve a central department of much routine work, emphasize the value of the latter as an advisory center, and confer greater latitude and opportunity for original investigation and research than obtains under existing conditions."

Prophylaxis of Pneumonia.

WILL says pneumonia is the one great infection in which no systematic and strenuous efforts have been made towards prevention (*Jour. A. M. A.*, Feb. 4, '05.) This is due clearly to our ignorance of the action of the germ. Pneumonia is prevalent and its prevalence is increasing, as well as its mortality. Its increasing prevalence is not due to deterioration of resisting powers or increasing vulnerability of the bacteria. Many examinations of secretions from throats of different individuals convinces the author that there is an increased prevalence of the pneumococcus in the upper respiratory air passages of man, and that the increased facilities for its dissemination accounts for the prevalence of pneumonia.

With increasing prevalence and case mortality and unsatisfactory therapeusis, the hope lies in prophylaxis and

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the following suggestions are given:

"1. For the Individual.—The nasal, pharyngeal and oral cavities should be kept as clean as possible and especially free from accumulations of mucus. When it has been demonstrated that such secretions contain the pneumococcus these efforts should be particularly well directed and maintained. In the coughing and sneezing a protective cloth, preferably moistened, should be held before the mouth and nose. This is especially necessary in the case of pneumonic patients and in those harboring the pneumococcus. The sputum and other secretions of the respiratory tract of such persons should be destroyed before they have become dried. Individuals should, so far as practicable, keep out of range of the extruded pneumococcus-laden secretions of infected persons.

"2. For the Public.—The above advice, properly formulated into plainly and succinctly stated rules, should be widely and persistently circulated by the communal health authorities among the laity, and practicing physicians should be furnished a supply of these rules, neatly printed and without imprint, with the request that they give it as their instructions to their patients and clientele. And further, by every means, the interest of physicians and humanitarians in this subject should be aroused and fostered. For this purpose special societies and committees might be formed for the purpose of studying the problem and furthering the efforts of the various health bodies, as has so successfully been done in the case of tuberculosis."

In Lajose, Clearfield county, Pennsylvania, fifty cases of smallpox are reported from along the Pennsylavian and Northwestern Railroad.

The Carolina Medical Journal.

A Monthly Journal of Medicine and Surgery.

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EDITORIAL.

Advice to Young Doctors--The Doctor's Relation to His Profession.

In the first of this series of papers to young doctors, allusion was made to the heritage into which he entered upon his graduation and assuming the role of a practitioner of medicine. It is hoped that this inheritance is properly appreciated by the readers of this series and that no overt act or neglect of duty will bring reproach upon the profession of your choice. The medical profession as a whole should be looked upon as one great brotherhood striving for one purpose, to gain one end, and there is no place in it for petty jealousies, bickerings, seclusiveness and laggards if each desires to meet the full measure of his usefulness.

The doctor cannot afford to be a hermit in his profession. He is indebted too much to his professional brothers for him to withdraw from their councils or to refuse his own aid and influence in efforts directed to advancing the interests of the profession. If the practice of medicine is to be one's life-work, the purpose should have the full capacity of one's ability. This cannot be given alone. It must be in conjunction with other workers in the profession. Not only is this a duty to the profession, but harmonious action with the established truths of the profession is essential to financial success. This may not be true in every case, but is so in all but a very small per cent.

The most important part of this theme is, possibly, the question: "How shall you treat your professional brother?" To answer this a Code of Ethics has been prepared, of which you have heard and perhaps read. This Code of Ethics needs more than a mere reading; it should be thoroughly studied. It has been termed the Golden Rule of the profession, and also the behavior of one gentleman towards another. Both of these are apt descriptions of it, and one will not go far amiss in acting on these principles in his intercourse with members of the profession. The Code, though, is the rule by which the profession is governed, and by its edicts or precepts are all matters of difference

between physicians settled. In most societies it assumes the dignity of law, to disregard which brings penalties in the shape of expulsion and ostracism.

While both the old code and the new one promulgated three years ago by the American Medical Association and under which we now act in most States, have been criticised and roundly condemned, their principles are based on sound reasoning and high moral and professional obligations. The latter as the law of the organized portion of the profession should have careful study and close adherence to its teachings. This advice is given in full cognizance of the fact that some parts of it are not fully endorsed by the rank and file of the profession, but the majority has so ruled, and it is better to work for the correction of the evils, if evils they are, within the ranks than to withdraw from the organized portion of the profession because it does not follow one's dictation. A further treatment of this part of the question may be attempted in a future paper.

Medical societies are organizations for the promotion of the welfare of the profession. The first and principle object of these societies should be, and generally is, the increase of medical knowledge by interchange of views, and for this, if there were no other advantage to be gained, every doctor should affiliate with his local society. It seems strange in this age of organization and systematized efforts, that it should be necessary to urge upon a progressive profession like the medical the advantages of some concert of action, and some personal sacrifice to the interests of the profession as a whole. Yet there is a widespread apathy in the attendance upon the meeting of the local societies that is deplorable.

Under the present scheme of organization of the profession, membership in the county medical society is essential to membership in the State and national associations. The best thoughts of the profession are found, and its best work is being accomplished within the ranks of these societies, and their influence cannot be ignored.

THE HEARING OF DISCUSSION OR TONES OF VOICE BETTER THAN THE READING.

Not only should the young doctor unite with the society of his locality, either town or county or both, but he should take an interest in its proceedings. The first prerequisite is an attendance upon the meetings, and then he should enter into the discussions, prepare and read papers before the society. He should not be the recipient of the benefits to be derived from the papers and discussions and refuse his quota to the pleasures and profits of the occasion. The profits at least will not all be one sided for there is a stimulation of the intellect in a lively discussion, or the preparation of a paper to be presented, that is, of more benefit than the mere listening to others. Even though the position taken may be a mistaken or false one, the lesson of its correction will be a good one. We often learn more from our failures than from our successes.

The secondary effects of membership in medical societies are considerable and worthy of attainment. The social features, the closer relations engendered, the recognition of the ability of conferees, the cultivation of friendships with members of the profession, the relaxation from the toils and anxieties of practice, even for a day, these and many more pleasures are found in the society meetings as nowhere else.

The moral influence upon the public in its estimation of the medical profession is largely enhanced by a vigorous and harmonious society. This cannot be made by one man or a small proportion of the profession. The more largely attended it is, the greater its influence with the public, even though the same public may criticise it adversely. Each and every member of such a society will individually command a greater degree of respect from the public because of his membership.

Medical books are for our instruction and guidance in the treatment of disease, but new ideas are generally first promulgated through the medical journal. We have not all the ability to write an instructive book, and perhaps not even the desire to do so. There are but few, perhaps none, but what have interesting experiences that would be of benefit to the profession. As we gain most of our new ideas from medical journals, it is nothing but fair that we should contribute to this source anything we can for the benefit of the profession. The profession is ever looking for advances in medical thought and a new idea in any of the departments of the healing art is eagerly sought. If you have an idea of this kind, or a favorite prescription, or a plan of treatment that has been beneficial in your hands, do not fail to let others know it.

The recent graduate in medicine by reason of increased facilities for study and a longer course, is better grounded in, and more fully prepared for original research work than the older members of the profession. While we of the older school have an advantage in age, experience and the influence these bring, it is in no way derogatory to confess that we can and wish to learn much of you of the newer school. We are willing to aid you from our observations and experiences, and have a right to expect something from you of the younger class. The medical journals are ever willing and really anxious to publish papers on original research, laboratory methods and aids to diagnosis, etc.

Some advice on the subject of writing for the medical press may not be amiss. The subject matter of your communication or paper should be one of interest. Not necessarily entirely new or original, for an old idea may be rewritten in such a manner as to be viewed from a different stand, or the incidents connected with it be so grouped as to carry greater force. The object of writing should be to add to the sum total of our knowledge of medical science. Have a definite idea in view and write to sustain that idea. Short pointed papers are the more appreciated. Writers for the press are being continually advised to "boil it down, boil it down." This is good advice, but do not make the mistake of sacrificing clearness to brevity. Make the meaning clear even if it takes a few more words. If you have a large vocabulary and a good flow of language, the style of writing may be more pleasing to the reader, but will it carry more conviction? "A collection of heterogeneous and irreconcilable incongruous materials conglomerated into an indescribable incomprehensibility, ornamented with fantastic creations of an insane imagination," may show your ability to use polly-syllabic vocables, but what the doctor wants is to know what you are trying to tell without expenditure of an undue amount of cerebral gray matter.

The title of a paper presented either to a society or for publication should be as short as is consistent with the

subject treated, and at the same time should be so comprehensive as to express ideas advanced. Vague and indefinite titles are misleading, hard to keep in the memory and cannot be used for future reference.

Always close with a synopsis of your paper, especially if it is in length more than a note or simple statements, or if there are several points made or conclusions reached. The busy man with only a limited time for reading can easily refer to the conclusions reached, and published at the end of the paper and decide as to his need of the article. Known authors are always read; unknown ones must show their ability to write.

Writing for the medical press is of as much personal benefit to the writer as is writing for the medical society. The writer desires to be exact, for when he places his views in print they are public property, and liable to be attacked at any time. There is in consequence on effort to be exact, to be sure of the position taken, that is, a mental discipline of broadening character. Indeed it is a discipline and training to write out your views, even if they are not published. It inculcates habits of orderly system and exactness that no other form of education will. A caution is needed here; always write as if you expected to publish at once.

Doctors do not always take their own prescriptions and you may have surmised that the writer is no exception. On a shelf in a lumber room off from the office in which these lines are written is a good sized box containing manuscripts sufficient for several issues of this journal. But few of them have been seen by others than the writer. Many of them have not seen the light of day for thirty years and probably never will. Yet they have served a good purpose and the time spent on them is not regretted.

Notes and Comments.

The Legislature but recently adjourned did not do all the medical profession asked of it (legislatures rarely do), but a resume of its work in matters of special interest to physicians shows an amicable spirit towards the profession.

Its refusal to pass the osteopath bill has already been noted in these columns. In this we are to be congratulated, even though it is feared in some quarters that North Carolina will be made the dumping ground for poorly prepared osteopaths. Other States have given them a footing, and already complaint is made that the professed osteopath is going outside his sphere and regularly writing prescriptions.

The cocaine bill has also been noted. Its provisions are rather stringent, as under its action a morphine tablet cannot be legally given one neighbor by another for the relief of severe pain, except by the advice or written prescription of a physician.

Physicians are added to the list of those excused from serving on juries and sheriffs' posses.

The State Laboratory of Hygiene is to be established, though the appropriation was cut down from two thousand to twelve hundred dollars.

The bill for a reformatory for youthful criminals failed to pass, and while not a medical question, strictly speaking, physicians can well regret the failure because of their interests in criminology.

Perhaps the insane of the State received all that could be granted them in the present financial condition of the

State, but we believe there should have been a bond issue arranged for and additional accommodations made. The Central Hospital at Raleigh gets one hundred thousand dollars for additional buildings, and we see the executive committee will erect a wing of seventy-six rooms at once. The Eastern at Goldsboro will have twenty-five thousand dollars, for increased accommodations. The Morganton gets a few thousand for some much needed improvements, and all have appropriations sufficient for maintenance. No separate provision made for the tuberculous class of patients in our hospitals, a much needed measure in our estimation.

It is to be regretted that Congress adjourned without passing the pure food bill so ably championed by Senator Heyburn, of Idaho. The better class of manufacturers of food products was in favor of the bill, but those who desired to shun an investigation of their products had influence (or moneys) enough to defeat the bill by parliamentary tactics. The bill is a necessity and will come up again.

An effort was made to secure national incorporation of the American Medical Society by special act of congress at its last session, but the measure failed. The judiciary committees of each branch of congress made some changes in the original bill, and it was not presented for passage in its amended form to the Senate owing to shortness of the session and important demands upon its time. Dr. Bryant, the chairman of the committee on corporations, promises a detailed report later.

How to meet the various forms of newspaper advertising by doctors and inflict the needed punishment is often a hard problem to solve. The New Orleans Paris Medical Society has adopted a plan that has commendable features and which might be given a trial elsewhere, and is as follows:

"Copies of all articles appearing in the daily press of this city relating to members in this society shall be placed by the secretary in a scrapbook, which shall be kept on the president's desk for the inspection of memebers. The book shall be indexed. Any member whose name shall appear therein will have the privilege of attaching thereto a written explanation."

The question of what constitutes the practice of medicines continues to crop out occasionally. We clip the following from the *Buffalo Medical Journal,* as being a very good definition, though not in harmony with our Supreme Court decisions:

"Judge Davis, of Philadelphia, in his charge to the jury in the case of Thomas E. Eldridge, charged with illegally practicing medicine, gave an excellent definition of the practice of medicine in the first paragraph of his charge quoted:

The practice of medicine consists in the offering of service and assuming the responsibilties of treating diseases, deformities and injuries, no matter by what means this is professed to be done.

Every State, because of the inherent nature of the calling of medicine, possesses the right both constitutionally and legally to demand a standard degree of qualification which will protect citizens from the consequences of incompetency and unskilled practice.

Any one practicing medicine without the license of the State, which license is on the part of the State a guarantee of the possession of the qualification to safely pursue medical practice, is an illegal practitioner.

Every one, therefore, who offers ser-

vice as outlined, no matter by what means he professes to treat diseases, deformities and injuries, must, as a condition precedent thereto, have obtained the license in accordance with the laws of the commonwealth."

We have tried to advocate the principles set forth in the extract given below from *Albright's Office Practitioner*, but as this is so tersely put we give it as compassing a whole lot of truths in a nutshell:

"The most successful practitioners, those who have risen above their competitors, are those who by reason of their liberal spirit and eagerness to pick up a grain of truth wherever found, have developed an originality, and whose work bears the imprint of Quality.

"Be progressive, study, apply, practice. Employ modern agents of therapeutics, prescribe drugs of known strength and quality, use the smallest quantity of the best means calculated to produce a definite result avoid empiricism, shun cheap drugs as you would cheap food, and dismiss the salesman or representative who uses the low price argument in his endeavor to secure your patronage."

Baby Born With a Tail.

EVANSVILLE, IND., Jan. 28.—A son born to-day to the wife of a farmer near this city has a caudal appendage two inches long, just at the end of the spinal column, and apparently composed of cartilage. In every other respect the child is perfectly normal. The parents have consented to permit examination of the baby in the interest of science and local physicians will try to find a cause for the deformity.

The physicians say they think it is worthy of the study of the medical profession the country over. Dr. A. M. Hayden thinks the deformity indicates a step backward toward the monkey and regards it "as a partial proof of the Darwinian theory."

The above clipping is from the lay press. We will await developments and see if this boy's progeny exhibits a caudal appendage before we loose any sleep over the retrograde movement in a revision to original type.

The serums for the streptococcus and the pneumococcus have not met the expectations of the profession as fully as was warranted in their introduction, and both have either been condemned outright or damned with faint praise. In justice to these serums and their manufacturers we give here expression to the claim that it is more as a prophylactic wherein their greatest utility lies. Early administration in sufficient usage it is claimed will give a different result from the opinion generally entertained by the profession. Diphtheria antitoxine did not have smooth sailing, in its early days, and it will not be wise to condemn these serums on insufficient evidence, especially as we have nothing more reliable to take their place.

What a task would be placed upon the census-taker! But if it can be accomplished and these pseudo-doctors restrained in any way, it would be a Godsend to suffering humanity. The evils of indiscriminate medical advice by meddlesome friends and acquaintances and its acceptance by the sufferer are legion, and we fear the remedy is in the far future:

The *Richmond Times-Dispatch* says:

In taking the census we wish that the authorities would undertake to enumerate the number of volunteer doc-

tors in the United States. We believe that the number would be almost equal to the entire adult population. If a man makes known his bodily complaint to some friend or passing acquaintance, nine times out of ten the person to whom the complaint is made known will give a voluntary prescription. Many of these volunteer doctors will even urge the patient to try the remedy which they prescribe. If a man has headache or toothache or dyspepsia or consumption or any disease whatsoever, which does not confine him to his bed, if his hearing is defective or his eyesight is impaired, or if he has some eruption of the skin, or a sprained ankle, or whatever it may be, he is sure to find a volunteer doctor for each and every complaint. He is sure to hear of many remedies that are warranted to cure.

Dr. Osler Misrepresented.

Dr. Wm. Osler's valedictory address at the Johns Hopkins University has been the subject of much criticism by the lay press, at least that portion of it treating of the age at which man's best work is accomplished has been dealt with in manners serious—serocomic—and flippant. Dr. Osler is reported to have said in this connection that a man's usefulness is at an end when he reaches the age of sixty years, and for the benefit of the State he should be chloroformed on reaching it.

Reputable physicians have always held in abhorrence any suggestion of summarily disposing of the dependent class, and these criticisms do both Dr. Osler and the profession an injustice. To those who know Dr. Osler, and especially those who have read the address in question, no defence is necessary. That Dr. Osler would seriously advocate such a course is preposterous. It is often impossible to convey the exact meaning of a speaker on the printed page, and in this case isolated statements without reference to the full connection of the text, or the manner of delivery, have been used as the basis of flippant paragraphs, labored editorials, comic allusions and serious essays in newspapers on Dr. Osler's address. We venture to say a large majority of the writers of these criticisms never read that portion of the address referred to. The original reporter misconstrued Dr. Osler's utterances, and utterly failed in his conception of the speaker's meaning.

Dr. Osler believes with the large majority of thinkers and observers on this point, that man's best work is accomplished before he is forty and little or no initiative work is done after sixty. In an address to a class of young men he accentuates this belief and tries to impress it upon his hearers by reference to a plot in one of Trollop's novels, in which men at the age of sixty entered a college, for a year of contemplation, before a peaceful departure by chloroform. This part of the address is closed as follows:

"The teacher's life should have three periods: study until 25, investigation until forty, profession until 60, at which age I would have him retired on a double allowance. Whether Anthony Trollop's suggestion of a college and chloroform should be carried out or not, I have become a little dubious, as my own time is getting so short."

Rapid Success.—"That's one of the selling books of the year, Mister."

"It is? I never heard of it."

"Well, it's only been out a couple of days."—*Puck.*

Editorial Spirit of the Medical Press.

Control of the Drunkard Class.

Moyer writes in December *Medicine* of the Habitual Drunkard class. Drunkenness is a social crime, and there is too much time and expense on the part of police officers devoted to it. This is due to frequent repetitions followed by slight penalties. One case was before the English courts 280 times. These cases are often mentally deficient, and delight in hearing their names called in court. The remedy lies in legislative action similar to the Massachusetts dipsomaniac act, or the Illinois vagrant act. The labors of police officers would be lessened thereby, and a set of mental instables could be properly cared for.

Need of Trained Workers.

In the editorial columns of the *Journal of the American Medical Association*, the necessity for experts in certain fields of public character with medical interests involved, is discussed. Boards of health and hospital trustees and superintendents of State and city institutions, are often filled by persons with no previous training.

"This condition of affairs naturally delays progress, maintains a low degree of efficiency (or a high degree of inefficiency), and lessens the respect of people in general for the medical and allied professions, so far as their public activities are concerned Because it is right, because it is in the interest of medical and scientific progress, the members of our profession should everywhere place themselves on the side of fitness as against 'pull', of knowledge against ignorance, of progress against stagnation, when positions requiring expert knowledge in matters medical and scientific are to be filled."

Business Methods of Specialists.

Dr. Albright, of *Albright's Office Practitioner*, announces in the March issue of his journal that he will in future issues, from time to time, expose the business methods of specialists, both honest and dishonest. From an explanatory note we gather that his views on that part of the code relative to advertising by physicians is not in full harmony with the teachings of the American Medical Association. While disclaiming any desire to take issue with those differing with him, he believes that an advertising specialist can be as honest as the "regular" who condemns him. He proposes methods that the physician may be able to judge for himself of the fallacy of many of the claims advanced.

Medical Charity.

This subject is reviewed by the editor of the *Journal of Medicine and Science* in commenting on the ruling of the Board of Regents of the University of Michigan that the medical faculty of the University must grant gratuitous medical and surgical treatment to every one applying therefor, whether rich or poor. We most heartily endorse the views expressed in the clipping below from this editorial:

"As has already been said, for a hospital to grant free treatment, without discrimniation, to every applicant who will pay for a ward bed or private room, serves but to disgrace the name of charity, to pervert the objects for which hospitals were founded and endowed, and to work a grievous wrong against the members of the staff and other physicians. This question is an old one in other states, though new in Maine. The wisdom so far brought to bear upon this subject has promulgated

the following general principles. Hospitals were endowed for the benefit of poor people. They are charity institutions. Persons able to pay their physicians should be refused admission and told they can consult any physician they can select at his private office. The charity department should be restricted to two classes: 1st. Patients unable to pay anything, either for treatment or board. Such should bring a certificate to that effect from one of the selection of their own. 2d. Patients who can pay their board in the wards at the rate of one dollar per day, and such should be required to do so. Patients able to hire a private room are able to pay the physician or surgeon for his services. They should not be admitted to the hospital at all except as private patients of some physician."

The Modern Nurse.

The editor of *The Canadian Practioner and Review* refers to some complimentary expressions of a Lady Superior of Paris regarding the efficiency in character, sense of duty and technical skill of English nurses but hints of certain defects inasmuch as their very proficiency gives rise to a tendency of exaggerated importance to the detriment of the womanly qualities of tenderness, sympathy and tact. The English nurse, says the *British Medical Journal* has not yet set herself up in opposition to the physician as the American nurse has, probably because the "graduated nurse" is still unknown in England. The London physicians are comparing the newest nurses—the three years' graduates with the two years' graduates as to which class possess more of the "womanly qualities of tenderness, sympathy and tact."

Training of the Modern Surgeon.

In the January, 1905 issue of *The Monthly Cyclopedia of Practical Medicine* Dr. Sagon announces an addition to this already very practical and meritorious periodical in the shape of articles of an editorial character, under the direction of Dr. Madison Taylor, associate editor, by teachers and writers of national reputation in each of their special fields of labor. *The Cyclopedia* is as is known to its readers, a journal devoted entirely to abstracts except for a leading paper by Dr. Sagons, its editor. The first of these editorials is by Prof. N. Senn, of Chicago, on the subject of training of the modern surgeon, in which he holds that American doctors have a predilection for the mechanical part of the healing art, and this tendency has grown beyond the limits of normal requirements, to the detriment of patient and the art and science of medicine. He sums up his conclusions in terse language, which we commend to the younger generation of doctors, as follows: "Master the elementary branches in college, do general practice for several years, return to laboratory work and surgical anatomy, attend clinics of different operators, and never cease to be a physician. If this advice is followed, there will be less unnecessary operating done in the future than has been done in the past."

The Present Status of Neurology.

Prof. Jno. Collins, professor of the New York Post-Graduate School, in the February issue of the same magazine deplores the decadence of both material progress in neurological medicine and the seeming want of interest in its future development. No department of medicine made greater strides and was benefited more by the re-

searches of a generation ago than neurology. But now there is a stagnation as is shown by the proceedings of the great neurological societies and the paucity of anything really new in the literature of the day. Psychiatry has made heavy encroachments upon the field, and many diseases once treated by the neurologist are given over to the care of the alienist. This will lead to gratifying results in pychiatry and is commendable. The experimenter, laboratory and pathogist have been disappointing to the neurologist and he must look elsewhere for aid. The closer observation of facts and the recording of them is the need of the hour with the neurologist. The clinical horizon must be enlarged by careful and exact observation and record of all phenomena bearing on our nervous diseases. New bearings are being taken by the neurologist that will eventually win large rewards for her devotees.

A Remarkable Specimen.—"Oh, professor, I saw such a curious old fossil in the museum today. I thought of you at once."—*Boston Globe.*

Specialties in Medicine.

Dr. Charles A. Oliver in an editorial in *The Clypopedia of Medicine* (Feb., '05) criticises the prevalent mode of teaching specialties in medicine. The successful teacher of a specialty should possess large, active and varied clinical experiences under immediate guidance and control; he should keep constantly in touch with the latest discoveries in healthy and diseased structures, and be conversant with the relative action of such organs; and must keep abreast as nearly as possible with the advances of general medicine and its application to the special line of study. A teacher combining these types will be able to give the unformed mind a training that will provoke further study and insure future usefulness, or enable the student to make an intelligent selection of what is spread before him. Add to these a broad and scientific training along germain lines, literary ability to cull and express new and old thought, constant search for laboratory truths, personal magnetism, enthusiasm and charm of manner, and the perfected specialized teacher is fairly well obtained.

Selections From Our Exchanges.

From the Physician in His Pew to the Preacher in His Pulpit.*

By W. H. Link, A. M., M. D., Indianapolis, Indiana.

If great moral questions like temperance or the relations of the sexes, or polygamy or marriage and divorce or the universal prevalence of criminal abortion are affecting the nation or society, it is a great duty we owe to your calling, to society and the nation to cry aloud and spare not. On one of these subjects at least we need not only a voice crying in the wilderness, but in the streets and on the house-tops and especially from every pulpit in the land. There can be no law to endure, no man elected to office if the great body of the Christian ministry are a unit against the law or against his election. Even such sin cursed and vice and graft ridden cities as New York and Chicago have been time and again swept by a great moral whirlwind when once the clergy are aroused and united for

*Abstract of a paper read by request before the Indianapolis Clergymans Ass'n., October 31, 1904.

civic righteousness. Only a year ago you demonstrated your efficiency in Indianapolis and showed that no discipline can stand against you when once you are determined. Now, then, I would like to forget for a moment the role of the simple layman, and merging that into the professional man, I shall take the opportunity to show you wherein both collectively and individually you are and always have been derelict in duty to your fellow-man and to your country. Whether it springs from false modesty or from fear of offending or from lack of knowledge, I do not pretend to know. But this I do know, that on this subject of which I am about to speak, the public conscience is woefully seared or obtunded and the voice of the clergy is strangely silent. Temperance you never miss an opportunity to advance, polygamy you have helped to crystallize public sentiment against, the divorce evil you have at all times cried against with no uncertain sound, gambling and all forms of social vice have found you uncompromising enemies. Bribery and corruption in public office and at the polls, the evil of mob law have all found you battling to suppress.

The universal practice of criminal abortion among all classes, all professions, all callings, is a canker that is eating out the heart of the nation. This is a crime or vice that lends itself to all vices and can only be regarded as a blessing when it is confined to prostitutes. This is the vice that destroyed Greece and Rome, that is now rendering the birth-rate in France less each year than the death rate, and that soon together with our nasty but less sinful methods of limiting the output of children, will destroy that unhappy country. There are no statistics available on this subject for obvious reasons, but judging from what is common knowledge among the medical profession, I should say that the number of criminal abortions is at least one-half as great as the number of normal births, and in the cities it may be greater even than the whole number of natural births. The abortionist is everywhere in our midst and the means for producing an abortion may be purchased at any drug store in the State for twenty-five cents. Indianapolis is full of professed abortionists, and every county seat in the State has one or more. The price for securing a favor of this kind is so cheap that the poorest may be served. In Indianapolis any woman can get a criminal operation done on her for $5, and in no town in the State does the fee exceed $20. In France so little is thought of it that the good housewife can buy a complete set of instruments with printed directions at the market when she makes her purchases of garden vegetables. Do not think for a moment that this crime is confined to the criminal or the unfortunate. Married women of the very highest respectability resort to it, and the rich are worse than the poor. It is not a crime of the unbeliever alone, but women of the most sincerely religious character are guilty. The medical profession are not all exempt. I have known ministers dodge paternal responsibilty thus. In all this silent saturnalia of crime against the unborn, the pulpit is not heard in condemnation. Why cry out so loud and often against the divorce evil, when on this subject, which is one of the greatest auxiliaries of divorce, only the shallow murmur, while the depths are dumb? I have personally asked several of my friends to preach a sermon on this subject, but they each and all declined. I have never yet

heard an utterance from any pulpit against this crime, and in all my inquiries I have heard of but one minister raising his voice against what is now called in Europe and England, "The American Sin." I am told that once upon a time the Rev. Joshua Stansfield delivered a discourse at the annual conference entitled "A Decaying Sense of Sin." It is said that in this discourse, having lashed in a mild way those who have thus sinned against God and man, some of his brother ministers thought he had overdrawn the picture or exaggerated the evil. But I tell you neither its enormity nor its prevalence can be exaggerated. The conscience of the American people is dead on this subject, and you preachers must awaken it. Among the good things in the Catholic church that I think of just now is their preaching against this sin and their success in controlling or influencing their women against it. It is partly for this reason that there are to-day more than 700,000 Catholics in Massachusetts alone. Men of God, you have a duty to perform. I hear the voice of Rachel weeping for her children, and if you remain silent, the blood of the innocent will cry out against you. Law is useless when sentiment is dead. A correct public sentiment will never be so long as the clergy are silent. Morals, religion, patriotism and humanity all command you to speak. If you fail us we are indeed lost. They send missionaries to China because they drown a few thousand girl babies in the roadside ponds and streams. They at least reserve the boys and do not ruin the health of the mothers while destroying the unwelcome girls. Remember that our women have a Christian Gospel, and a Christian ministry to teach them that children have souls. Why, then, should we not let the heathen rage awhile? They destroy but one sex. We do not discriminate.

Brethren, you may not pass this question as the phantasmagoria of a morbid concept. It is a condition, not a theory, that confronts you. If you are to stem a rising tide it will tax the best there is in you. As sentinels on the watch towers of humanity, your conscience must never hesitate, your courage never falter, your industry never tire and your vigilance never sleep. In the presence of brazen iniquity or secret vice, though silence may be golden and speech not even silver, let it not be said that amidst this "decaying sense of sin the people knew more than the preachers taught." For—

"Ill fares the land, to hasten ills a prey,
Where wealth accumulates and men decay."

—*Cent. States Med. Mag.*

Popular Talks on Law.

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SELF DEFENCE.

It is a matter of importance that one know how far he may go in using force against force in the defence of himself, his family and his property. The right of self-defence will occur to us as being a natural right. One could scarcely be expected when attacked, either in person or in property, to say: "I will wait for the law to punish the aggressor," for the one attacked has no means of knowing how far the attacking party may go in the use of violence, as he even may go to the extent of taking life.

Then, too, the law recognizes a weakness in human nature—or shall we call it strength rather, that impels

one when attacked to defend himself by the use of force?. Self-preservation is truly the first law of nature.

The law of self-defence is an old one, recognized from the beginning. It extends not only to one's own person, but to one's own family and possessions. The old law speaks of a man's home as his "castle" and gave him the right to defend it, even to the extent of taking life; with certain limitations, which we will learn, that right still exists.

Of course there must be a limitation put upon the right of self-defence or it will be abused, and men, under cover of the excuse that they were put to an act of violence by necessity, will cover up acts which are unjustifiable and hence punishable. The law, broadly speaking, limits the right to cases where necessity exists, and it will only excuse a man when he uses that violence which under the circumstances would appeal to a reasonable man as necessary for his self-protection. Nor will a court compel him to exercise the best of judgment at the time, for it recognizes that when the occasion for self-defence presents itself, the mind of the one attacked is more or less disturbed and the even balance of his judgment shaken; but where the means taken to defend one's self are manifestly more than necessary, as where one slapped in the face draws a revolver and kills, the act will be considered unjustifiable and the perpetrator of it held to account; but if the person attacked has reasonable grounds for fearing that killing or a felony is being attempted by the attacking party, the defence may go to the extent of taking life. It is well decided that where one is merely struck with the fist and has no reasonable grounds for believing that he is in danger of being killed or of a felony being committed, his use of a gun, or a knife, or deadly weapon is unjustifiable.

The fact that the person defending himself was mistaken as to the intentions of his assailant does not affect his right to take life if there appeared to him at the time reasonable grounds to believe that unless he did so he would be killed or a felony would be perpetrated against him. It has been held that the mere fact that the assailant put his hand in his pocket was not sufficient to justify the taking of the assailant's life on the ground that the assailant was believed to be reaching for a weapon.

Suppose that the person called upon to defend himself had been himself the provoker of the quarrel or the immediate cause of the attack, would his subsequent use of violent means in self-defence be justified under the rules laid down? The question has arisen in many cases and has usually been decided in the negative. The person himself must be free from fault in order to justify himself for killing another.

The cases go to the extent of saying that any one who brings on or provokes a personal encounter cannot rely upon the plea of self-defence. We can quickly see that if the law were permitted to be otherwise one desiring to kill another would only have to provoke that other sufficiently to cause him to use violence in order to take his life and escape the consequences. The main question as to whether or not the force used could have reasonably been deemed necessary is a question to be left to the determination of the jury in all cases.

It is also of interest to ask whether a man attacked is bound to retreat. It is quite well decided that when a man is attacked with a dangerous weapon he must retreat as far as he can safely do so before using like means in de-

fending himself; but where the one attacked has reasonable grounds for believing that he cannot safely retreat he is justified in using violence in self-defence. The right of self-defence goes to the extent of excusing a man for resisting arrest by violence where the attempted arrest is unlawful.

How far one may go in the defence of his property or possessions is reserved for treatment in a subsequent article.

(To be continued.)

The Treatment of Exophthalmic Goitre With the Blood of Thyreoidectomized Goats.

In 1894, Lantz treated two exopthalmic-goitre patients with milk from thyreoidectomized goats. The results were so favorable that the treatment was applied to four other patients, all of whom as a consequence showed marked improvement and gain in weight.

In 1894, Drs. Ballett and Enriquez took the blood of thyreoidectomized dogs that had lived long enough to experience the blood-changes which loss of thyreoid function is sure to entail, and injected that blood into patients suffering from exophthalmic goitre. The results were so encouraging that other practitioners soon adopted the method, or a modification of it. The *Deutsche Medicinische Wochenschrift*, No. 38, 1899, contained a report of three cases of exophthalmic goitre, in the practice of Dr. Burghart, that improved under the treatment, two of them decidedly. Dr. Burghart did not confine himself to the use of injections, but administered a dried alcoholic extract of the blood.

Later a Darmstadt chemical house prepared a serum from the blood of thyreoidectomized sheep, which, administered to patients who had exophthalmic goitre, produced a good effect; it was given both per os and subcutaneously.

A patient of Schultes (*Munch. Med. Woch.*, No. 20, 1902), whom the symptoms of exophthalmic goitre had been in evidence for four years, with pronounced psychic disturbance at times, is said to have been completely cured in two months by the use of gradually increasing doses of the serum (from the blood of thyreoidectomized sheep).

In 1901 Mobius (*Mun. Med. Woch.*, Jan. 27, 1903) proposed the preparation of a serum from the blood of sheep from which the thyreoid gland had been removed, to be used in the treatment of exophthalmic goitre. He first injected 1 gramme of serum subcutaneously, but subsequently found that better results could be obtained by giving it internally. In his patients, all of whom had been treated for years with various remedies, the circumference of the neck was reduced, the goitre became smaller, and the patients slept better and were less agitated. It is not presumed that a cure can be established by this mode of treatment, but there seems to a sufficient ground to hope for beneficial results.

Messrs. Parke, Davis & Co. have prepared a dried product of the blood of thyreoidectomized animals, called "Thyreoidectin," which appears to produce the effects observed by Lantz, Mobius *et al.* In most of the cases in which it was tested the patients experienced much relief from restlessness, tremor, insomnia and the usual train of nervous symptoms so generally observed. A gradual reduction of the pulse-rate and in the size of the gland was also noted.

The Isthmian Canal Commission's Mismanagement in Sanitation.

Dr. Charles A. L. Reed, on his return from Panama, March 1, filed his report with the Secretary of War, and the report is printed in full in *Journal A. M. A.*, March 11. Dr. Reed states that he was given every facility to study the condition of organization and the details of administration as they relate to the public health interest. He says that he was impressed with the efficiency and zeal of the sanitary staff and with the fact that much remains to be done which cannot be done unless better facilities are afforded. He states that the governments of Panama and of the United States both recognize the importance of efficient sanitation. At the meeting of the Commission held at Ancon, August 28, 1904, Mr. Grunsky, as the committee on a proposed health department, presented a report which began by stating that "After repeated conferences with" Colonel Gorgan and with practically the entire sanitary staff, "it has been agreed," but which should have stated that "in certain important particulars Mr. Grunsky has agreed with himself," for much of the report was formulated over the respectful protest of the medical men who were invited to the conference. By this report the Commission, more especially Mr. Grunsky, provided for the creation of a board of health, with power to formulate regulations, which would become effective only after approval by the Commission; or in cases of emergency, only on approval of the governor of the canal zone. Thus the chief sanitary officer had his discretion limited to the enforcement of regulations which had first been adopted by the Commission or by a board of health, in which latter event it had to be sent generally to Washington to be endorsed by the Commission, or in cases of emergency, might be approved or rejected by the governor of the zone. It thus came about, says Dr. Reed, that the chief sanitary officer whom and whose department the medical profession had asked to be made largely automonous, and which the President himself had obviously intended to be so, became, by action of the Commission, more especially of Mr. Grunsky, subordinated to the governor of the zone; to the chief disbursing officer; to the chief of the bureau of material and supplies; to Mr. Grunsky; to the Commission; to the Secretary of War; to the President; subordinated, in fact, in the seventh degree from the original source of authority, and this, says Dr. Reed, is the state of affairs on the Isthmus to-day. Dr. Reed states that if the superintendent of the Ancon Hospital makes a requisition for supplies, he must take it for approval to the chief sanitary officer; then to the governor of the zone; then to the chief disbursing officer; whence it goes to the Commission at Washington; then to Mr. Grunsky as committeeman; then back to the Commission; then, if allowed, bids are advertised; awards are made; the requisition is filed under the supervision of a purchasing agent notoriously ignorant of the character and quality of medical and surgical supplies; the material is shipped to the Isthmus; consigned to the chief disbursing officer; who notifies Colonel Gorgas; who in turn notifies the superintendent; who applies to the quartermaster—"the boss of a coral"—for transportation, and so much of the stuff as in the judgment of first, the governor, next the chief disbursing officer, next the Commission, next and more particularly Mr. Grunsky, ought to be allowed to the superintendent of the hospital, finally arrives or does not arrive at its desti-

nation, and this, Dr. Reed says, is no fanciful picture; and what is true at Ancon Hospital is true at Colon, at Culebra, at Miraflores, and at all other points that require supplies of this description. In case of emergency, certain purchases are permitted to be made at Panama, but, of course, at greatly increased prices. Dr. Reed cites examples of the littleness of the Commission, showing how the Commission consumed its time with the minutae of administration that ought to have been entrusted to the men employed for that purpose. Dr. Reed states that the Commission visits on the sanitary department unnecessary and unreasonable restraints and confronts it with petty antagonisms, and he quotes instances showing how requests for necessaries have been treated. For instance, does, and windows for the hospital at Culebra were asked for in January, but are not in place. Materials for disinfection work were asked for last September; the Commission, more especially Mr. Grunsky, cut the estimate down to one-fourth, and sent the material in small lots from time to time. The Commission established interneships in the hospitals in the zone, incumbents to be paid $50 a month, the same salary that is paid to nurses, and in this way the sanitary department is without a sufficient number of experienced medical men. Before Colonel Gorgas went to the Isthmus he laid before the Commission a plan of campaign which embraced the following distinct features: First, the instillation of a sewer system in the cities of Colon and Panama. Second, the instillation of water supply in those cities. Third, the cleaning of the streets, including the disposal of garbage and night soil. Fourth, general sanitation of houses, including their cleaning and fumigation and the drainage of neighboring pools, the abolition of water barrels and cisterns, and other places for the propagation of the yellow fever mosquito. Fifth, the prompt isolation of all cases of yellow fever. It was not until after four or five months had elapsed, however, and only after progressive development of yellow fever that Colonel Gorgas was permitted by the Commission to assume the sanitary control of the two cities, one of which, having by this time become very generally infected. Contrast this with the brilliant results achieved by Colonel Gorgas in Havana, where he was given not only a free hand, but his own purchasing and distributing agents. The report states that the responsibility for the present existence of yellow fever on the Isthmus can be placed nowhere else than on the canal commission, more especially on Mr. Grunsky. It is also stated that the campaign against malaria has been thwarted by the Commission, that very many employees are sick with malaria, and that both nurses and attendants are frequently victims of the disease. An effort has been made by the Commission, under the subterfuge of establishing a training school at Ancon, to get undergraduate nurses to go to the canal zone at about the same rate that is paid pupil nurses in the training schools of the United States. Dr. Reed says that the Isthmus is not a place to take untrained nurses on any pretext, for nothing but fully developed talent in the various departments of activity should be sent to the canal zone. Dr. Reed concludes his report as follows: "I have the honor not only to submit the suggestion, but really to urge, that the time has arrived when the President ought to redeem his word and ask for the resignation of the Comsion."

Special Article Immunity.

Chapter VII of the article on Immunity in *The Journal A. M. A.*, of March 11, gives the definition of acquired immunity, which may be active, as in vaccination, where the anti-bacterial or anti-toxic elements appear to form a permanent endowment of the blood, or passive, as in diphtheria, where the immunity is temporary; these elements being soon exhausted or thrown off. The methods of attenuation or of increase of the virulence are mentioned, as also the nature of acquired immunity. The notable facts of the modifications of resistance at different periods of life are also mentioned and the use of the biologic test for species which has acquired such importance from a medicolegal point of view. The part of the leucocytes in acquired immunity is mentioned, and of the bacteriolytic enzymes, which latter, however, are considered most likely accidentally to increase resistance and not to be of special importance of themselves in combating infections.

Immunity.

In the next chapter of the special article on immunity in *The Journal A. M. A.*, March 18, Ehrlich's definition of toxins is given and the method of preparation of soluble toxins by filtering of cultures and by precipitation. This does not produce a pure toxin, and some micro-organisms produce more than one body of this nature. There are also non-specific toxic substances, and under these circumstances the essential test of the toxin must be the production of an anti-toxin for the specific ailment it produces. There are some organisms, however, which produce highly toxic conditions, typhoid cholera, etc., but which do not furnish toxins until the dead or ground up bodies are employed or till the cell contents are set free by antolysis or self-digestion. Such are the so-called intracellular toxins and from these, so far, we have not ben able, *The Journal* says, to obtain efficient antitoxins. Other toxic substances may be derived from bacteria and may represent some chemical change in the process of disintegration, and here the immunization test must also be empoyed to determine their true nature. The method of commercial preparation of antitoxins is given at some length, and the adopted antitoxin unit is explained, and the method of testing diphtheria antitoxin is described. The advantages of such a uniform method of standardization and insurance of the purity of the product in this country is emphasized. The possibilities of poisoning by some adventitious toxin in the serum must be thoroughly guarded against.

To Protect and Remove Rust From Steel Instruments.

1. Place the instruments over night in a saturated solution of zinc chlorid; the rust vanishes through reaction. Next morning, remove the instruments from the solution and wash well in clear water, place in a hot soda and soap solution for a few moments, and remove and dry. Polish with prepared chalk and absolute alcohol.

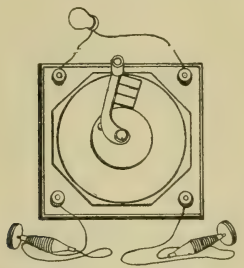
2. Dissolve one part of paraffin oil in 200 parts of benzine. Wash the instruments and dry by warming. Dip in the solution and lay away in a warm place to dry.

3. Instruments of polished steel, iron, nickel, etc., will remain indefinitely free from rust or corrosion if kept in a 2 per cent. solution of either carbonate, bicarbonate, benzoate, or borate of sodium.

The Alternating Lighting Current in Therapeutics.

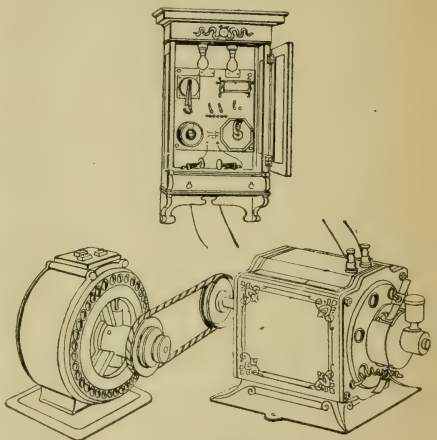
The prevalence of the alternating electric lighting current in the many smaller cities and towns of the country has come to offer many complex problems to the physician contemplating the installation of electrical apparatus; when the marvelous extent of the field of electrotherapy is considered it must be admitted that confusion is easy; taking this point together with the great variety of currents offered by different plants, and the complication of the matter is realized.

Let us dwell briefly on the physics of this current. The alternating current most in vogue at present is the sixty-cycle variety; the number of alternations per minute with this form is 7,200; that is to say, the poles of the current are reversed 7,200 times per minute, thus neutralizing the chemical polar properties of the current as effectually as an acid solution is rendered void by the introduction of an alkali. The 125 or 133 cycle mode of current has a still greater number of alternations per minute, viz., 16,000, which removes still more remotely the possibility of any polar effect.



Graphite Rheostat with lamp in series.

The one actual therapeutic property possessed by the alternating current lies in its sinusoidal effects. It is true that it is not a current of truly sine waves, but modern dynamo construction has improved it in this respect, and it is a fact that this current now compares very favorably as a therapeutic modality with the output of the standard sinusoidal machines. A convenient method of applying this current is with a graphite rheostat as a means of control, connected by means of a series attaching plug with a sixteen-candle-power lamp. Its chief value exists in the pleasant sensory effect upon the motor mechanism. It is a far more valuable current for this deep muscular

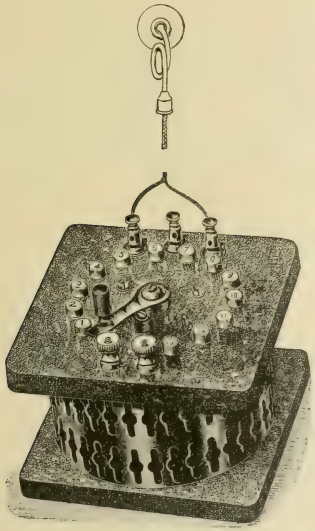


Transforming the alternating current to provide a direct current for galvanism.

massage than the slowly interrupted faradic current, especially as regards the absence of disagreeable sensation, although the oscillations are quite rapid for muscular treatment.

Another method of utilizing the alternating current in electrotherapy, although in a rather indirect manner, is by transforming it to a direct current which may be employed in producing galvanic effects; a motor dynamo outfit, so styled, is used for this purpose. The process of transforming the current really amounts to developing power by passing the alternating current through a small alternating current

motor; the shaft of this motor is either geared or connected directly with the shaft of a small direct current dynamo; the power thus produced operates the dynamo, which generates a direct current of suitable voltage and amperage to be used in connection with a galvanic wall-plate; this current may also be employed to excite to action the faradic coil of a physician's switchboard. Strictly speaking, the alternating current employed in this method is used as a mechanical agent rather than as a therapeutic force.



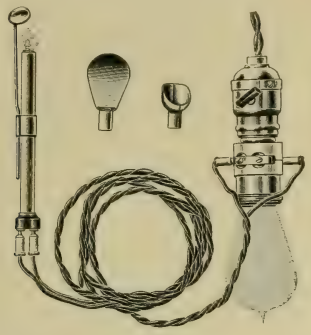
The cautery transformer.

Another mode of employing this current, although a surgical rather than a therapeutic method, is in galvano-cautery. This is quite an important branch of electricity with the physician making a specialty of eye, ear, nose, and throat work. The great advantage of cautery in many minor cutting operations is in the almost certain avoidance of hemorrhage. A transformer working on the principle of an induction coil is used to adapt the current to cautery work. The 110-volt or 55-volt alternating current is attached to the proper binding posts of the transformer; a current of about two amperes is thus fed to the appliance. The transformer converts this current of 110 volts and two amperes to a current of about six volts and thirty or forty amperes, which is sufficient to heat most platinum cautery knives and loops. The cautery transformer is a very simple device and makes a most valuable addition to the equipment of a physician who has the alternating current available.

Another use to which the alternating current may be subjected is to light diagnostic lamps. Perhaps this matter may seem a very simple one to dwell on at first thought, but upon further consideration the complexity of the subject will be appreciated. There is frequent call for a wall-plate or other piece of apparatus which will combine a current for diagnostic lamps among other features; this is an easy matter to arrange regardless of whether the plate is to be used with either direct or alternating current; but special stress should be laid upon the fact that a separate contrivance, such as a large, heavy current graphite rheostat, will prove more suitable to the purpose. Another manner of using the alternating current to light small lamps is by using seires lamps in connection to regulate the flow of current. A number of diagnostic lamp sets are on the market which embody this principle, which will be found a very unique one in that the small lamp is absolutely guarded against an excess of current, which may be accidentally encountered when used with a wall-plate or other controller.

A number of other uses of the alternating current, both therapeutic and

medicinal, might be dwelt upon, such as photography, x-ray therapy, high-frequency effects, etc., but space will not permit of this.



Diagnostic lamp controlled by series lamp.

As a brief review in conclusion we may say that the alternating current is valuable therapeutically and surgically as follows:

As a sinusoidal current.

As a source of power to generate a direct dynamo current for galvanic and faradic purposes.

As a means of supplying a current for cautery work through the medium of a cautery transformer.

As a current to light diagnostic lamps by means of a wall-plate or rheostat as a controlling device, or with a lamp in series.

The McIntosh Battery and Optical Company of Chicago, having worked at these problems for upwards of twenty-five years have been enabled to produce apparatus adapted to all of these branches of electrotherapy; their appliances embody those features considered by physicians as essential—correctness of design, elegance of appearance, and durability of construction.

NEWER MATERIA MEDICA.

An English Combination.

A number of years ago Dr. James J. Sullivan (University Medical College) New York City, applied the remark, "An English Combination" to a then new preparation of well known synergetic remedial agents. It is almost unnecessary to state that the preparation to which he referred is now well and favorably known as Antikaminia and Codine Tablets, each tablet containing ¼ gr. codeine and 4 ¾ grs. antikaminia. *A fact which should not be overlooked, is that the codeine used in this tablet is specially prepared and purified, is non-constipating, and does not induce a habit. These are some of the particularly advantageous features of the Antikaminia Chemical Company's codeine and are well worth bearing in mind.*

In the harrassing cough of phthisis, or in the pain of pleuritis, in the painful sensation accompanying bronchitis when the tubes are dry and irritable—as they usually are—the blending of the two drugs composing Antikaminia and Codeine Tablets will not be found wanting in action, but will give results that are gratifying to both the patient and the medical attendant. This tablet is a sedative to the respiratory centers in both acute and chronic disorders of the lungs. Cough, in the vast majority of cases, is promptly and lastingly decreased and often entirely suppressed. In diseases of the respiratory organs, pain and cough are the symptoms which especially call for something to relieve and this tablet does the work. In addition it controls the violent spasms accompanying the cough, which are so distressing.

Noital in Skin Disecses.

Extract from letter received from Dr. Herman D. Marcus, assistant to the Skin Dispensary at the Medico-Chirurgical College and Hospital, Philadelphia, Pa.

"In my connection with skin dispensaries I have had occasion to see cases afflicted for years with eczema, and who again and again were placed on old treatments entirely inadequate to overcome their suffering.

"In looking over my case book I find any number of such cases who gave me up in disgust on account of my failure to relieve them, but none since I started to use Noitol exclusively. I desire to cite a typical case which, having withstood all treatment for some ten or twelve years, has been free from all signs of eczema for the past nine months, after using Niotol.

"Louis E. C., aged 52, has suffered from chronic eczema since 1885. During this time he had been under constant medical advice, improving partially for three or four months, but has never been entirely free from the disease. When he presented himself to me for treatment his appearance was pitiful. His face, hands, body and legs were so fearfully covered that I do not believe there was an inch of continuous space free from the affection. Serum was continually oozing, and on drying seemed to stiffen the skin to such an extent that the neck could be turned only with difficulty, the hands showing decided cracks and fissures. His face, as he expressed it, seemed always as if glued or plastered. His general condition was fairly good, with the exception of some insomnia caused by the intense itching, especially when lying under warm cover.

"A sample of Noitol having been received by me, I gave it to my patient, without any hopes though that this would succeed where other tried and well-known remedies had failed. On his return I found just the slightest improvement, but not sufficient to justify me, as I thought then, to order Noitol again.

"I prescribed an ointment and each subsequent visit showed improvement so marked, that on my drawing his attention rather proudly to the effect of my successful treatment, I was rather taken aback with the reply that there were no thanks due to me—that he had seen the effect of Noitol and had been using it ever since, not having filled any ointment prescriptions for some time. I doubted my patient, but he kept on using, as he expressed "his" treatment, and as I remarked above, he has been completely free of any sign of the disease for the past nine months.

"I have used Noitol since then, and I must acknowledge now that of all treatments yet recommended, Noitol, in my therapy at least, takes the first place, and will continue to do so."—Reprinted from the *Canadian Jorunal of Medicine and Surgery*, December, 1904.

Next to quinine, arsenic is the most generally useful remedy in neuralgia; given in form of triple arsenates it is very effective.—*The Alkaloidal Clinic.*

A Spring Medicine.

In the spring the organs of elimination do not possess their usual activity on account of having become clogged by the accumulation of poisonous and perverted secretions during the winter months when the skin neglects its duties and the kidneys are overworked.

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condition are very similar to those of malaria, but as the causes are not alike in the least, the treatment should be entirely different, a fact which is often overlooked.

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We highly approve of this order as far as discarding poultices made of putrescible and bacteria-breeding materials is concerned, for that is what has been done by all up-to-date physicians in private practice, but we can hardly recommend the substitute offered. We supposed that everyone in this enlightened age was using Antiphlogistine in all such cases because of its advantages over everything else in permanency, efficiency and cleanliness. Compare Antiphlogistine, renewed but once a day, with hot compresses renewed every twenty minutes and we cannot imagine anyone using compresses when Antiphlogistine is available.

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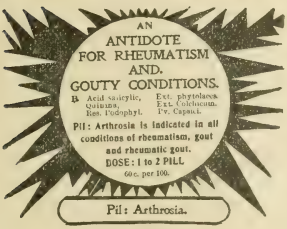

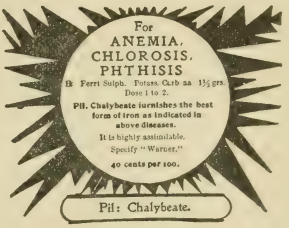

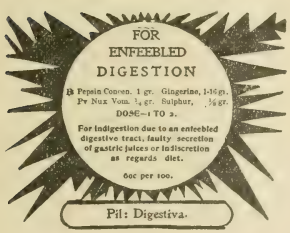
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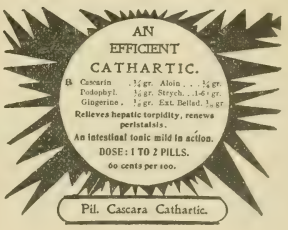
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Washing soda is found in every house, and a saturated solution of this substance allays the pain of burns probably better than any other immediate application.

The first dressing in case of burns should not be disturbed until the period of shock is over. This usually occurs after twenty-four hourse from the time of injury.

In children, burns about the buttocks and thighs need daily dressings whenever urine or feces may soil the surfaces. If possible use oiled silk to protect the wounds from such discharges.

When there are large extents of denuded skin, it is well to remember that even small grafts, covering but an apparently ridiculously small surface, will be of great use, by starting islands of new epidermis.

The picric acid solution for the treatment of burns consists of picric acid, 75 grains, alcohol, two ounces, and water, one quart. It is one of the best applications to burns until granulations begin to form.

Powder grains blown into the skin can as a rule be removed, but with difficulty. If superficial and affecting the face, they can be needled out with careful antiseptic precautions. If very deep the injury caused by removal is scarcely justified.

In lacerations remember that no amputation is, as a rule, justifiable until time enough has elapsed to show what parts still have vitality. Then save as much as possible, regardless of classical amputations.

There is no use in probing deep wounds made by the explosion of toy pistols and firecrackers. It is exceedingly rare that any substance hard enough to be felt by the probe has been driven in. Better always enlarge the wounds if possible, to allow of inspection and thorough disinfection.

Morphine is most valuable in the immediate treatment of severe burns, but it must be remembered that children bear but a small amount of this drug, and that in them the doses should be very minute and repeated with great caution. In adults it can be usually given in full doses from the start. It will diminish shock both by lessening the pain and allaying fear and nervousness.

The great accessory dangers in burns consists in shock and pneumonia. These are always most likely to supervene if the trunk is involved. For the prevention of shock use heat, keep the head low, and inject stimulants hypodermically if needed. To prevent pneumonia use the oiled silk jacket and comphorated oil to the chest or back, if there is enough unburt skin to admit of its use.

Never use the naked hand to adjust a sterilized rubber glove on the other hand. Manipulate the gloves with sterile towels.

In cases of mild appedicitis, etc., if pressure demonstrates little or no tenderness, sharp pain upon suddenly lifting off the compressing hand is itself indicative of some inflammatory process.

Splitting a sebaceous cyst into halves is not the cleanest looking, but it is often the quickest and easiest way to enucleate it. Nor does the escape of cyst contents lead to infection in these cases.

It will avoid the possibility of an embarrassing burn, if at the conclusion of an operation all hotwater bags are removed from the patient's bedside before he is put in it. At least it should be determined, in every case, that the bags are not very hot or that they are well wrapped up.

If You Have a Case of Anæmia

induced by defective nutrition — the result of a chronic digestive weakness, the first thing to do, of course, is to overcome the digestive trouble.

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(FORMULA OF DR. CHARLES WILSON INGRAHAM)

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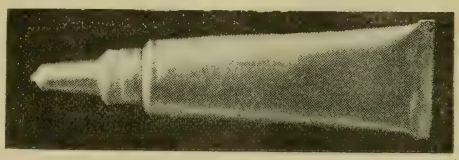

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MEDICAL LABORATORY METHODS AND TESTS, by Herbert French, M. A., M. D., M. R. C. P., Medical Registrar, Guy's Hospital, Gillson Scholar, Society of Apothicaries of London; Radcliff Traveling Fellow, Oxford University. Chicago, W. T. Keener & Co., $1.50.

This is a small work of one hundred and fifty pages, dealing with the methods and tests generally used by the active doctor in his daily practice, in examining the fluids and substances obtained from the body for diagnosis and aids to treatment. While not as full as the larger works, it gives in a compact and convenient form the information needed for the busy doctor, and is worthy of a place in his library.

TYSON'S PRACTICE. The Practice of Medicine, by James Tyson, M. D., Professor of Medicine in the University of Pennsylvania, and Physician to the University Hospital; Physician to the Pennsylvania Hospital; Fellow of the College of Physicians of Philadelphia; Member of the Association of American Physicians. Third Edition; thoroughly revised and in parts rewritten; one hundred and thirty-four illustrations. P. Blakiston's Son & Co., Philadelphia; $5.50.

Tyson's Practice has been before the public for nearly a half decade, and this, the third, edition presents in a creditable manner the present state of modern medicine. Especial attention has been given to infectious diseases, and the more recent changes in our knowledge of them. Diseases of the nervous system receive a large share of attention, about one-fourth of its

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PRACTICAL DIAGNOSIS. The Use of Symptoms and Physical Signs in the Diagnosis of Disease. Fifth Edition; Revised and enlarged; by Hobart Amory Hare, M. D., B. Sc.; Professor of Therapeutics in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical College Hospital; one time Clinical Professor of Diseases of Children in the University of Pennsylvania: Laureate of the Medical Society of London, of the Royal Academy of

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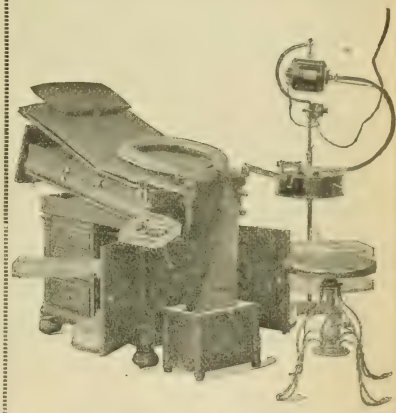

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THE PSYCHIC AND PSYCHISM, by A. C. Halphide, A. B., M. D., B. D., etc., author of Mind and Body, the Theory and Practice of Suggestive Therapeutics, Clinical Hypnotism, etc., etc. First edition. Lewis S. Matthews & Co., St. Louis.

"The Psychic and Psychism" may be called a companion volume to "Mind and Body," and the author states it has been written to satisfy the demand made by students and others for a book on Psychic Phenomena. The author has not attempted an exhaustive treatise, but is practically the course given students in lectures on "The Theory and Practice of Suggestive Therapeutics." The subject is presented in simplicity and plainness and all lengthy metaphysical discussion is eliminated. It is the most practical and entertaining presentation of these subjects it has been our pleasure to read. In green cloth, heavy paper and full type, the volume is creditable to the publishers.

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pital, and President of the Chicago Society of Anthropology, etc. Third edition. Illustrated. The Authors' Publishing Co., Chicago.

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PRACTICAL PEDIATRICS. A Manual of the Medical and Surgical Diseases of Infancy and Childhood, by Dr. E. Graetzer, editor of the *Centralblatt fur Kinderheilkunde* and the *Excerpta Medica*. Authorized translation, with numerous additions and notes, by Herman B. Sheffield, M. D., Instructor in Diseases of Children and Attending Pediatrist (O. P. D.), New York Post-graduate Medical School and Hospital; Visiting Pediatrist to the Metropolitan Hospital and Dispensary, etc. F. A. Davis Co., Publishers, Philadelphia, 1905.

This neat volume of 500 pages translated from the German by Herman B. Sheffield, Instructor in Diseases of Children at the New York Post-graduate School, with notes by translator,

is one of the most conveniently arranged, handy reference books which has come to us recently. Its chief merit lies in the elimination of the large mass of impractical material which is found in so many works on pediatrics, while at the same time the subject is brought well up-to-date by the annotator. For the convenience of busy practitioners and medical students preparing for examinations this volume is to be especially commended. The well-known publishers have as is always the case with them, done their work neatly and tastefully.

Physical Diagnosis. Diseases of the Thoracic and Abdominal Organs. A Manual for Students and Physicians, by Egbert LeFevre, M. D., Professor of Clinical Medicine and Associate Professor of Therapeutics in the University and Bellevue Hospital Medical College; Attending Physician to Bellevue and St. Luke's Hospitals; Consulting Physician to Beth-Israel Hospital; Member of the New York Academy of Medicine, etc. Illustrated with 74 engravings and 12 monochrome plates. Price, $2.25. Lea Bros. & Co., Philadelphia and New York, 1902.

Porf. LeFevre has very appropriately dedicated his work "To my former students whose insistent 'why?' furnished the incentive for this work." The reviewer, as one of his former students, wishes to thank him for putting in permanent form the methods he has used for a number of years in teaching. The book is smaller than a number of well-known text-books on physical diagnosis, but it deals only with inspection, palpation, percussion, auscultation and diagnosis of diseases of the respiratory tract, the circulatory system, the abdominal organs and a chapter devoted to examination with the X-ray. Thus a mass of material that usually fill up a text-book on physical diagnosis are omitted. Especial emphasis has been laid on the altered anatomy of the organs under examination, and its relation to the physical signs. The respiratory and cardiac sounds, their production and their modifications, both normal and pathological, have been discussed more fully than in most books of like scope. One decidedly novel and instructive feature is a radiograph of the bronchial tree, the bronchi having been filled with shot. An examination of this radiograph explains the fact that vocal fremitus is obtained more distinctly over the right than the left lung, greater in the upper than the lower thorax. The book will be found invaluable to students on account of the clear and logical way in which the facts are presented.

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slip into his pocket or under the cushion of his carriage seat, so that at odd moments he may refresh his memory on forgotten details or post himself on the most recent knowledge on any medical subject, the volumes of this series have proved to be far in advance of any previous attempt. Dr. Hollis' volume on Medical Diagnosis, just published, is the fifteenth of the series. It naturally does not claim originality, but it embodies an earnest effort to give a clear, accurate, compendious covering of the essentials of its subject, presented with a due sense of the relative importance of its various branches.

Books Received.

Volume II of the *Practical Medical Series.* This volume is devoted to general surgery. Price, $1.50.

Gynecology. Medical and Surgical outlines for students and practitioners, by Henry J. Garrigins, A. M. Nise. J. B. Lippincott Co., 1905.

Annals of Surgery for March is an interesting number. Among other valuable papers that on Fracture of the Tarsal Bones, by Eisendrath, is of particular value to the surgeon whose practice includes railroad work, or employees of logging camps, saw mills and the like. Two papers on Cases of Intussusception in Children, one by Chas. Herbert Fagg, and the other by Cuthbert Wallace, add valuable matter to the literature of that subject.

Webster's International Dictionary. This monumental work is invaluable to the doctor as well as to other professional men. In our own office we, for years, have regarded "Webster" as a trusted work of reference, not only as an accepted standard for the English language, but also because it is a veritable library in itself. The new edition (see adv.) affords an opportunity of obtaining an up-to-date work of this class, the addition of 25,000 words contributing very materially to the value of an already greatly appreciated book.

The Medical Book News, a monthly publication devoted to the literature of Medicine and the allied sciences, containing lists of recent and forthcoming publications, books wanted and for sale, descriptions of important new books, reviews taken from prominent periodicals, special articles concerning books and authors, and notes of general medico-literary interest. Subscription price, 50 cents per annum. Published by P. Blakiston's Son & Co., Philadelphia.

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MEDICAL NEWS AND ITEMS.

The *Maryland Medical Journal* is preparing to publish an "Osler Memorial Number" June 1.

An Ohio woman whose favorite hymn is "I would not live always," has swallowed $250 worth of patent medicines during the past five years.

Three deaths from yellow fever have occurred on the U. S. cruiser Boston, in the harbor of Panama, and several others of the officers and crew are ill with the disease.

Smith—I hear that Bighead had an accident. Was it serious?

Brown—Oh, no; not worth noticing, unless one had an accident policy.—*Judge.*

Remember the meeting of the North Carolina Medical Society in Greensboro, May 23rd, 24th and 25th.

Sir Henry A. Blake, governor of Ceylon, announced at a meeting of the Asiatic Society that Singalese medical books of the sixth century described 67 varieties of mosquitoes and 424 kinds of malarial fever caused by mosquitoes.

Insurance Agent—Come, Pat, let me insure your life for one thousand dollars.

Pat—Wait a bit, then. Oi think Oi'll take out a hundred dollar policy first, an' if Oi die an' get thot wan then Oi'll take out a bigger one.

The Princess Victoria, daughter of King Edward, underwent an operation for appendicitis on January 31. The operation was performed by Sir Frederick Treves, sergeant-surgeon-in-ordinary to the king.

A series of experiments on Behring's method of vaccinating calves against bovine tuberculosis is about to be undertaken by the Paris Society of Practical Veterinary Medicine. Four months ago a similar experimental research was begun in the Belgian Agricultural Institute under the auspices of the Ministry of Agriculture by M. Scholl, of Gembloux, and M. Lepoutre, assistant in the Agricultural Institute.

There are three ways to learn the value of a dollar: The first is to spend it, and see what you get for it. The second is to earn it, and see what you give for it. The third is to save it, and yearn for all the things it might buy if you were weak enough to spend it.

By means of a most ingenious electrical apparatus photographs have been taken in one-ten-thousandth part of a second at the institute for technico-scientific investigations in Neubablesberg, near Berlin. Herr Schinning of this institute read a paper on its progress, and among other photographs demonstrated was a series showing the destruction of bone by a modern small bore bullet.

Get your paper ready for the Greensboro meeting of the North Carolina Medical Society. Send title early to Dr. J. Howell Way, Waynesville, N. C.

An exchange states that after Professor Taguchi, of the Imperial University, Tokio, died his brain was weighed and found to stand second in the list of 107 brains of eminent men throughout the world whose brain capacity has been recorded. Taguchi's brain weighed 1,920 grammes. The weight of the human brain ranges between 300 grammes for the imbecile to 2,000 grammes for the man of genius.

E. Abbe died recently at Jena, aged 64, says the *Journal A. M. A.* He was

the inventor of numerous improvements in instrumental optics, and to him bacteriology owes its marvelous strides in late years. He has been connected with the Ziess factory since 1860 and at the same time was honorary professor of astronomy and meteorology at Jena. His successful reorganization of the Ziess establishment was on a basis which tends to solve some of the more pressing social problems of the day.

Swedish doctors never send bills to their patients. Each patient pays what he deems just or is able to give. The rich pay the physician, whether they have need of his services or not, if he has been once retained by them. The poor, if they possibly can, pay him a small sum, and the very poor pay him nothing. Yet he attends the poor as faithfully as he does the rich.

Professor Grassi, of the University of Rome, lately instituted, in conjunction with Dr. Munaron, a series of researches on cretinism and goitre in the Valtellina district. According to a preliminary report of their results, the investigators have come to the conclusion that the cause of endemic goitre must be sought for in poisons derived from a specific microbe having its habitat not at first within the body of the patient, but in wet soil. They believe that these poisons gain access to the human body by the alimentary canal by means of various substances, among which drinking water may be included.

The State Board of Medical Examiners of North Carolina meets in Greensboro on May 17th. The State Medical Society on the 23rd.

Prof. J. P. Remington, one of the editors of the United States Pharmacopœia, is quoted by *American Medicine* as asserting that drugs 100 per cent. pure would be a thing of the past in this country with the issuance of the forthcoming publication. He says: "We shall recommend in this publication that pure drugs are not absolutely necessary. For instance, sulphate of quinine 99-100 per cent. pure is just as good and effective as one absolutely pure, and it does not make any difference what the other one per cent. is so long as it is not injurious. Now that it is recognized that chemicals need not be chemically pure we intend to introduce harmless foreign substances."

The Bulletin of Chicago's Health Department states that as a contribution to the labors of the New York Pneumonia Commission the director of the laboratory, Dr. J. F. Biehn, reports to the commissioner that he has recently confirmed experiments made during a number of years, conclusively showing that the cause of pneumonia is a mixed infection. Rabbits injected intravenously with the sputum of a single healthy person fail to develop pneumonia; injections with the mixed sputum of two or more healthy individuals never fail to produce a typic pneumococcus infection. These results demonstrate, among other things, the wide diffusion of the pneumonia germs —they are present in the secretions of the mouth and throat of the vast majority of healthy individuals, usually lying dormant and inactive. Mixed with the germs of others they develop the disease. The practical point for prevention is the necessity of avoiding all unnecessary contact with the pneumonia patient, and the further necessity on the part of other members of the family, nurses and attendants for sterilizing their throats during the course of the disease. Dr. Biehn has been requested to submit a detailed report of his work to the Penumonia Commission.

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The Commencement exercises at the Medical Department of the University of North Carolina will be held at Chapel Hill on Thursday night, May 4th. The address to the graduates will be delivered by Dr. Albert Anderson, of Wilson, N. C. Nine young men are to come up for graduation this year.

The Delaware Ophthalmic College

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We have three courses—one for the Opticians, one Refraction Doctors, and a Post Graduate Course for Physicians. School open the year round. Students may enter any month. For Catalogue, address DR. R. S. STEPHENS, Prest.

Dr. J. MacDonald, who for the past fourteen years has been managing editor of the *International Journal of Surgery,* has severed his connection with that journal and has purchased *American Surgery and Gynecology* from Dr. Emory Lamphear, who will devote his whole time to his practice. We trust that the venture will prove a gratifying success. Dr. MacDonald has made a success of the *International Journal of Surgery.*

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Neuralgia.

Dr. Covert gives (*Am. Med. Jour.*) the prescription below as an excellent one in certain forms of chronic neuralgia originating in catarrh, sciatica and migrane and facial neuralgia. It is to be commended because it does not produce nausea:

Arsenic Iodide.... .. .. ..gr. i
Ex. Belladonna.. .. ..
Valerinate Morphia... aa gr. viij
Pulvis Ex. Gentian.. .. .. gr. v
Fluid Ex. Aconite Root, Min. v
M. tf. pl. 60.
Sig.—One to three pills in 24 hours.

The annual report of the New York St. John's Guild Society has recently been published. It states that during the past summer the floating hospital has carried 4,916 babies, 15,443 children, and 7,467 mothers, a total for the season of 27,826. The seaside hospital at New Dorp during the same period has accommodated 668 infants, 900 children, and 688 mothers, making a total of 2,256. The disaster to the General Slocum, the pleasure steamer which was burned in New York Bay with fearful loss of life, had the result of decreasing the number of persons carried on the daily trips of the floating hospital.

An Edinburg lawyer was given to swearing. One night his small boy was sitting by him, studying arithmetic. The father broke out, "What on earth ails you. Why can't you sit still—wriggling every minute?"

"It's all your fault," blubbered the boy.

"Why is it?"

"Cos I asked you last night how much a billion was and you said it was 'a d—— lot.' The teacher asked me the same question to-day, and I said the same thing. And that's why I can't keep still."

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Dr. A. U. Williams, Hot Springs, Ark.

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Low Mortality in the Japanese Army.

We took occasion some time ago to comment on the efficiency of the medical corps of the Japanese army. Since that time, if newspaper reports are to be believed, the Japanese army has suffered very little from disease. During the seven and one-half months that General Oku's army has been campaigning there have occurred only forty deaths from disease. In 20,642 cases of sickness treated, 18,500 recovered in the field. The remainder were invalided home to be more advantageously cared for. Only 342 cases of dysentery and 133 cases of typhoid fever are reported. Such remarkable statistics have never before been shown. During our war with Spain the sickness in peaceful camps reached enormous proportions, and about 70 per cent of the cases died. As disease is much more dreaded by military men than bullets, the Japanese are to be congratulated on the organization and equipment of their medical corps. It is to be hoped that Congress will see fit to allow the additional medical officers asked for by the surgeon-general of our army, so that in the event of war we may be in a better condition to care for our soldiers than we were during the Spanish war. The Japanese have clearly shown that money expended in bringing the medical corps of the army up to its highest efficiency is well spent.—*Medical Age.*

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J. B. Lippincott Company announce that they will publish during the present year a translation by Dr. Albion Walter Hewlett of the Third German Edition of the "Principles of Clinical Pathology," by Dr. Ludolf Krehl, with an introduction by Dr. Wm. Osler, of Johns Hopkins University. The work is well known in this country and in Europe as an authority upon the subjects treated, and has been copyrighted in the United States under the Interim Copyright Act.

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Surgical Suggestions.

Austin gives several short practical suggestion to those doing minor surgery only. (Cent. States Med. Mag., Nov., 1904).

To sterilize instruments: Boiling injures the edges; put in shallow dish, cover with pure carbolic acid; cleanse your wound; pour off the acid and wash with small quantity of alcohol.

To clean the hands: The ordinary soap powders will remove the outer dermis as effectually as brush and hot water.

Machine shop wounds complicated with oil and grime can be cleansed with benzine and tar soap.

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The Population of the World.

In a paper entitled "Die Bevolkerung der Erde," by Dr. Supan, quoted in the *Bulletin* of the American Geographical Society, the author gives the results of the latest censuses and sums up his estimates of the population of the world in the following table:

	Total Population.	Per Square Mile
Europe	392,264,000	104
Asia	819,556,000	46.6
Africa	140,700,000	13
Australia and Polynesia	6,483,000	2
North America	105,714,000	13
South America	38,482,000	5
Polar lands	91,000	...
Total	1,503,290,000	30.6

Stupid.—Senator Depew occasionally delves into the capacious and well-filled subway of his memory and brings to light something new in the way of an anecdote. While returning from abroad on his latest trip—which he says he hopes will not by any means be his last—he overheard a heated dispute as to the respective merits of America and England. The disputants were a prominent statesman whose reputation for laconic repartee is international. "My country," shouted the Yankee, "knows no east, no west, no north, no south!" "Aw, indeed? What a blawstedly ignorant country!" drawled the Englishman.

Teacher—Now Then, what do we mean by composition?

Little Girl (eagerly)—Please, Miss, composition is the art of bringing simple ideas into complication.

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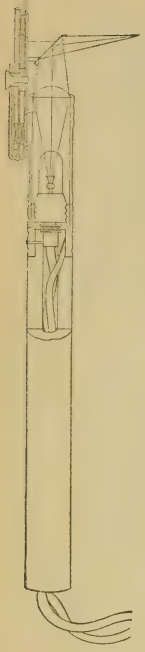

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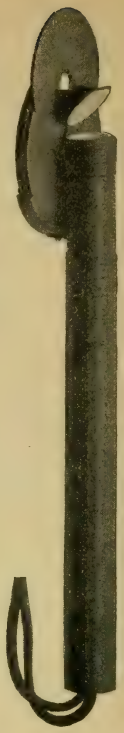

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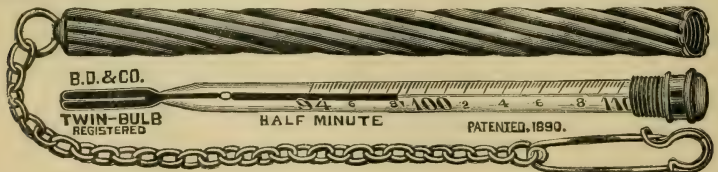

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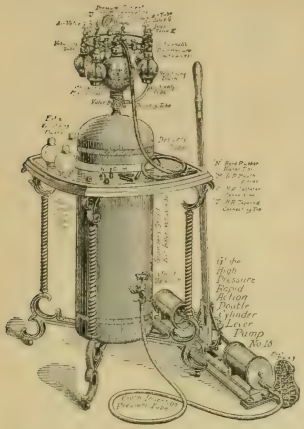

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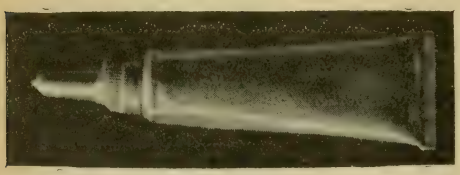

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*Read before the American Anti-Tuberculosis League, at Atlanta, Ga., Monday, April 17th, 1905.

the day and night fourteen persons die of consumption alone in the United States.

Up to this time ocular demonstration has failed to impress humanity, so common is its occurrence, so long does the disease allow the usual working power until like men who go forth to battle with fatalistic indifference, see their companions drop from their ranks and die unnoticed. The ravages of the disease have been viewed with comparative indifference, but now slowly the importance and significance of the discovery of the cause is attracting the whole medical profession and many of the intelligent laity. Mighty forces are in operation simultaneously with the increase of our knowledge concerning the etiology of tuberculosis until there is a strong awakening to the importance of this crusade. I find it difficult to express my deep sense of honor which has been paid me by the invitation of your President, as a delegate to this body from the "Old North State," to write something for this occasion and I do feel it a great privilege to add my mite and be a member of an organization that is endeavoring to stop the infliction of "the great white plague," to wage active warfare against it, to aid the spread of the great truths of science, educate and demonstrate to all the fundamental facts that tuberculosis is a communicable disease and is preventable and curable. With these truths proven, with the implantation in the mind of man, of the pathogenity of the bacillus tuberculosis the civilized world has determined to put forth every effort to stay the spread of this disease. There is something pathetic in the giving of health and life to man; there is something ennobling and inspiring in the prevention of a frightful plague.

Everywhere the fight against consumption has commenced, societies are being formed in States and nations with the one purpose of finding out means of warding off infection and unneedful death. To combat this disease upon scientific lines requires a systematized effort, throwing away jealousies, fine-spun theories and personal aggrandizement, to arm sentinels to stand guard against this army of destroyers.

The slogan of the crusade against this disease is: "It is communicable, preventable and curable."

The false idea that consumption is hereditary should be corrected, no fact known to science can be stated more emphatically than this. It is not impossible to acquire consumption by heredity; children of tubercular parents may have a predisposition to tuberculosis; they may be born having certain organs of less than the normal amount of resistance to the invasions of the tubercle bacilli. When children of tubercular parents are removed from an infected environment to a perfectly sanitary one they do not develop the disease.

I have noted carefully for the past fourteen years in the Thomasville Orphanage, where I have charge of the medical department, that a very large per cent. of all the children admitted are the offspring of tubercular parents and that many of them are emaciated and pale and in many ways show a perdisposition to tuberculosis when admitted, but after the necessary rules of their changed conditions have been observed, not a single death has been due to this disease.

Tuberculosis is now known, of course, to be caused by a specific bacillus. It may enter the body by inhalation, ingestion, or by inoculation. No

organ of the human economy is exempt from an attack by this germ. Wherever it secures lodgement local irritation begins, producing cavities, making inroads and onslaughts upon the vitality of the individual. The invasion of the bacilli is like seed sowing on receptive and fertile soil, germinating, growing, and ripening as soil and seasons permit. There is one source only from which this germ gains its implantation and that is from the tubercular matter expelled from a tubercular body. And, practically, that one source of infection is the sputum. Science has singled out the micro-organism that has produced so much physical suffering and the destruction of these germs is the task that is now imposed upon us. Incipient consumption is hard to detect, it creates very little disturbance and the person affected is seldom aware of it. It is usually brought to attention by an influenza, a pneumonia or a cold, and generally in the heated struggle of one of these attacks the tubercular bacillus joins hands with the streptococcus and staphylococcus in the tissues of the body of their host and they at once begin a work of destruction of the little tubercles or tumors, breaking down these tissues and scattering the seed with a larger implantation. The appearance of a cough, indisposition, loss of appetite, fever and night sweats indicate that a tubercle or tubercles have matured and that the imprisoned bacilli are being set free. Most patients do not recognize the nature of their trouble until these symptoms arise. The failure to diagnose the disease in the early stage and sometimes indeed in a fairly advanced stage is unfortunate. I feel convinced that systematic physical examination and a properly interpreted history of cases who seem to be just run down and out of health, with no very obvious cause, would in many instances lead to an early diagnosis of hitherto unsuspected tuberculosis.

The early diagnosis makes possible the most effective treatment and if it is used in every case would increase the percentage of recoveries. A series of clinical symptoms invariably precede the breakdown of the tubercles and the appearance of expectoration containing bacilli. When these early symptoms are observed and recognized it is the greatest importance to inform the patient, and it should be made the especial duty of the attending physician. Wilfully hiding the truth, withholding the knowledge from the patient of his true condition, misleading him and substituting terms that denote disease of little gravity is criminal to the patient and dangerous to the community. No one can fathom the longing hope or alternative deep despair of those who were told of their danger, but he is brave who dares to tell.

Pasteur says: "It is in the power of man to cause all parasitic diseases to disappear from the world." Knopf, of New York, says: "To combat consumption as a disease of the masses successfully, requires the combined action of a wise government, well trained physicians, and an intelligent people." This disease is certainly known to be curable and we should not, therefore, in any way delude or deceive the victim. The public must be aroused, apathy is the greatest factor in the dissemination of infectious diseases.

A few years ago Jenner thought to test an old-folk remedy against the greatest scourge of that day. Koch has solved the problem how to prevent the spread of tuberculosis just as read-

ily as did Jenner that of smallpox, and after days of toil and investigation he has brought to us the greatest of all benefits to mankind.

Tuberculosis may effect any organ of the body as the glands of the neck, joints, membranes of the brain, intestinal canal, skin and throat, and any of the tissues of the body. It is the same disease in any of these locations and is produced by the same specific bacillus. When conditions are favorable, they grow and multiply and produce the tubercles which soften and discharge, throwing off the germs that endanger the lives of other living bodies. These germs multiply only in the living body, never outside, differing from other infectious diseases, consequently, the infection must be from the identical tubercle bacilli which have been thrown off.

Sixty per cent. of all cases in man have been proven and can be traced to a human source of origin, such as intimate contact with relatives having tuberculosis, living in the homes with consumptives, or occupying homes which had been occupied by consumptives. The media through which animal tuberculosis is disseminated to human beings are, milk, butter, cheese and meat.

"To conquer an enemy we must first locate him." Therefore it should be necessary that tuberculosis be placed on the list of reportable diseases and that physicians be required to report to their various boards of health every case of tuberculosis coming under their observation. The object of making these reports is to locate the foci of infection, to give such instruction as the patient may need for the care of himself and the protection of those who associate and come in contact with him. Rigid laws in regard to promiscous expectoration should everywhere be passed and enforced. Every particle of tubercular matter should be disposed of the moment it is thrown off, and there should be no soiling of the hands, mouth, beard, clothing, bedding, furniture, or place in which the patient resides. "The consumptive who is immaculately clean can not reimplant the disease in himself nor convey it to others."

Consumption is said to be largely a disease of the poor, but there can be amidst poverty the sweet atmosphere of purity and cleanliness. Sunshine and fresh air are strangers to many people. It was Knopf, I believe, who said that the best antitoxin for consumption was the trinity of fresh air, sunlight and water. When we consider how many homes are closed against the life-giving rays of the sun, made dark and dreary, no ventilation, filthy carpets that have been on the same floor for the fourth of a period of a human life without being cleaned, evidences of indiscriminate spitting against indefensible walls, bed clothing that has been so carefully stacked away in dark corners till the odors of the grave are emitting therefrom, such a place serves for a hotbed for this disease, and the threshold lay vanished before an enemy who is striking from the dark. The association with consumptives is not dangerous nor is there any danger in allowing them to go abroad, if the expectoration is carefully managed and the germs therein destroyed; and the expectoration becomes dangerous after it has dried and the germs liberated. It is a well established fact that these germs in their dry state are active and remain active for months.

It is of the utmost importance that the proper authorities in all commu-

nities should specify the method and manner of destroying these germs, to educate people as to the manner of disinfecting; to show how the germs are set free; to show the danger of expectorating in places and allowing it to dry and be blown hither and thither, sowing the seeds of death broadcast.

There are many ways to avoid consumption. In the consumptive home the patient should expectorate on pieces of soft paper or cloth and burn it, or it should be received in the cup in which powerful disinfectants as corrosive sublimate and hydrocholoric acid are contained. Every patient should sleep alone and in a well ventilated room. Rooms should be swept with dampened brooms. If living in the same house with a consumptive, avoid eating out of the same dishes unless they have been thoroughly boiled.

House light undoubtedly plays an important role in tuberculosis; it prepares soil for the tubercle bacilli, indeed the house is the granary. It is the place where the new host gets his implantation when he fades and dies.

Sunlight and outside air are essential. Never eat without carefully washing the hands. Stomach troubles are predisposing causes of tuberculosis and should be remedied at once. Healthy digestion and perfect assimilation are guarantees against consumption. Good health protects against the tubercle bacilli, but this must not be weakened by dissipation and excesses.

Proper inspection of slaughter houses and dairies to protect against tuberculous meats and milk should be established.

A latent consumption is often aroused by a cold, therefore colds should not be neglected. Avoid mouth breathing and respiratory exercises should be moderately practiced in open air daily. The cold bath should be encouraged, especially do I urge the salt bath; this will keep up the tone of the body circulation. Live outdoors as much as possible. Leave the windows wide open at night, do not be afraid of night air. Let the sun have full sway in the home. Take plenty of nourishment, rest and sleep.

Consumptives should protect others by going to the sanitoria, but in doing this, if poor, they should be supported by the whole people, those they protect.

In conclusion, let it be impressed that no new case of tuberculosis can arise without an old one and as we are looking to the means of stamping out this disease, let us not in the hour of our triumph, in our eagerness to forever keep subjugated a fearful foe, lose sight of those who have advanced to that pitiable state beyond all hope of cure.

Let States and municipalities at least provide them shelter and place to die in peace. While we have not within our grasp a specific to cure advanced consumption, we have it within our power to erect homes, hospitals and sanitoria, where rest, cheer and hope may be given; for those under the shadow of despair might be brought back to the semblance of health and trained to habits and methods which make them harmless to others.

Picture the long-drawn battle, the emaciated, weak and gaunt form of a once robust manhood. Who can understand the despair of those dying with this disease; who can understand the joy created by a hope of release from its bondage, or by comforts withheld by poverty except he who has drunk deep its dregs.

Let us go forth then and try to

arouse sympathy, create interest in this great work and disseminate knowledge that will ultimately banish from the world "the great white plague."

The Physician's Paramount Duty to the Patient and Family in Pulmonary Tuberculosis.

By C. P. Ambler, M. D., Asheville, N. C.

As a profession, we have for generations practiced medicine in so liberal a sense of the word, that we have been far too quick to prescribe and in the bustle and hurry of active practice have failed to grant to the patient the time that his case generally requires and should be accorded. We are to be censured for having taught the public to believe that each disease has its medicine or "cure." Our preceptor believed in "placebos" and prescribed such in numerous instances where no medicine was really indicated. This practice is in great part dying out, but as we have discarded this foolishness we have fallen into the greater error of depending upon drugs or so-called or considered "specifics."

It is an unfortunate fact and disgrace to our profession, both city and country, that a large number of the consumptives living among us to-day have been "treated" for months and in many instances for years, before the true nature of their malady was recognized; that symptoms, which should have been recognized and should have at once aroused suspicion of tuberculosis, have either been neglected or attributed to other causes. Thus, during the early stages of the disease, by our own carelessness, have we, in thousands of cases, robbed the trusting patient of every chance for recovery, while we plied him with "tonics" and cough remedies.

Thanks to the medical requirements now enacted by all our States, this practice is not the result of ignorance on the part of our profession. It is, however, to our discredit that it can be traced too often to carelessness. We have not taken the time to thoroughly investigate; in malarious districts slight chills and fever has been attributed to ague, while a blood examination would have shown this not to be the case; coughs have been bronchial and syrups prescribed; blood spitting has "come from the throat" because the examiner could not detect the presence of disease in the chest by placing his ear against the chest, fore and back, over several thicknesses of clothing.

Temperatures taken once a day for several days has been regarded as always normal, because it was so found at the time taken; loss of weight has been indication for tonics; suppressed menstruation has meant uterine trouble; a dry hacking cough has meant laryngitis, and pains in the chest, intercostal-neuralgia.

But rarely indeed do physicians point out to-day to the head of the family in which occurs a case of tuberculosis, the necessity of examining each and every member of the family periodically for several years after the initial case has died or recovered. And yet right here is where the most brilliant results are being accomplished by men who are careful and thoughtful.

It is not the purpose of this paper to censure the profession, but as this association is organized for the prevention of consumption, I wish to place myself upon record in your halls as advocating that the best means of "preventing consumption" is to discover the tuberculous disease in the patient

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before the stage of consumption has been reached.

Consumptives are persons dying with a tuberculous disease. Not one case in 500 fails to consult a physician on account of some symptom or other, long before the disease is far advanced. Tuberculosis *is not* the fatal disease that past generations have regarded it. It can be proven that a great number who develop the disease recover without discovering that they have ever had it. Formerly it was rarely discovered before the patient was in a dying condition. Such cases promptly died and do to-day, with the result that the laity has grown, or been taught by us, to believe that the disease means death.

We are awakening in this country to the realization that this disease is the greatest destroyer among us to-day. One in every six or seven of our deaths is due either directly or indirectly to this disease. Of a given number of cases which have occurred in your practice individually, in how many instances did you discover the disease before the destruction of lung tissue had already occurred? Go further—in those cases not discovered early, was it not due to one or two facts, either the patient did not consult you until the disease was advanced, or, as you look back, was not your own carelessness and hurry the cause of the delayed diagnosis?

Our States may legislate; our national government may investigate; our philanthropists give their millions, and as physicians we may recognize such societies as this, but in the end the only way it can at present be logically met, is by the physician individually.

If we as physicians would recognize the disease earlier the battle would be over half won. It will continue to be thus; if we fail to do our duty in the future as our confreres have done in the past, the disease will go on unchecked.

Next to an early diagnosis the most important point for the physicians is the instruction of the patient. So long as the cowardly evasion of the truth to the patient be continued by our profession, we must expect to see the disease become more widespread. The profession over the country is not as a rule telling the patient the truth. Those of us who reside at health resorts find that only those men in our profession who are giving this disease careful and close consideration tell the patient the truth and instruct him regarding the disease, his danger to himself and to others, and point out the necessity for recovery. The rank and file of our profession, especially in the rural communities, apparently believe that the truth will damage the patient; and when they have carried him the whole length of drug and dope administration, have robbed him of every opportunity for recovery by not instructing him and pointing out the path to recovery, they send him away from home in a dying condition, loaded with stinking and nauseating drugs and directions to eat and exercise, to keep away from resort doctors and report once a month to them by letter.

The truth told the patient, with explanations and proper instructions, does not harm him. In fact, in these two points lies the secret of successful treatment of this disease. Our first duty to the patient from any point of view is to tell him the truth, and then take the time to instruct him; to point out wherein he improves; to teach him wherever he is a source of danger to himself as well as others and especially to show him this danger is as nothing, practically, if your directions be care-

fully followed and carried out. With the interest in this disease now developing we are going to the extreme; as we have groped in the dark and seen the multitudes die in the past, die, yes in many instances because we considered the disease fatal, not realizing that the fault lay in ourselves in not discovering the true nature of the trouble earlier; die, yes, as we stand apart with the friends and look upon it as a part of the ways of God, our inaction, our do-nothingness, our know-nothingness of those days was one extreme and now we are educating the public to another.

Already the consumptive is an outcast, publicly to be shunned. The average consumptive *should* be kept from public places and gatherings, but now, when it becomes known that a person has tuberculosis, be it ever so slight, he is in many quarters looked upon as a leper to be avoided as death itself. This is unjust to the patient, and is the result of telling only part of the truth by the physician and those who are waging the crusade against the disease.

The patient, his friends, his family and the public generally, should know wherein he is in danger to himself and to others. The family should receive instructions from the physicians for their safety, and as long as the patient observes the rules laid down he should not be ostracized, or made to feel that he has no place among men. The secret of prophylaxis and successful treatment lies in the instructions given by the physician together with the hearty co-operation of the patient and family.

The success met with in institution treatment and the administration of so-called specifics (which require the constant attendance of the physician) is the result of the constant supervision, careful instructions and management of the patient, far more than any other means, or the specific applied. This being true in the institution, similar methods should be applied to our outside cases, to the fullest possible extent. The patient with a good heart, a good stomach, an early diagonsis made and sufficient means of support for several months without worry, violent or prolonged exertion, will permanently recover in 90 per cent. of the cases.

The day may come when we can as successfully vaccinate against tuberculosis as we do to-day against small pox. Until this day arrives prevention will mean prophylaxis. Prophylaxis will mean three things:

Earlier diagnosis.

Instructions of patient.

Instruction of family and friends.

This practically brings the whole matter home to the physician as it has been in the past. Will we go on as we have done in the past and depend upon our drugs to cure, while our uninformed and slowly rotting fellow-creatures spread the seeds of their accursed disease in the home, on our streets, in our public places of meeting and worship; while we, as physicians, raise no protest when even our butchers and our bakers, while they themselves are suffering from the disease, are allowed to handle and sell to the public the foodstuff of life?

Just now, the proper fad is an outdoor life; no one who understands the disease will oppose a life in the open air, but here as elsewhere the advice of the physician will be everything if success is to reward our effort. It will not do to tell your patient to go to Colorado, New Mexico or North Carolina and live out of doors. To live an

intelligent outdoor life and not run great risks of furthering the trouble rather than lessening it, is a question requiring the most careful considerations, preparation and intelligence.

Our average citizen has not this knowledge and unless we go into detail and *explain, instruct, supervise, caution, encourage,* and keep up the same everlasting vigilance, we will fail here as we have so often failed in the past when using other means, and neglected the one great question of all.

This convention will doubtless appoint a committee to draft resolutions embodying our idea as to the best means of preventing tuberculosis and consumption.

As a summary of my paper and in conclusion I wish to present to this body a few points, which in my opinion, should be embodied in such resolutions, if adopted:

First. Tuberculosis is not the fatal disease commonly believed.

Second. While communicable, it can practically made innocuous by the proper course on the part of the patient.

Third. The chief cause of the large mortality is late diagnosis.

Fourth. Late diagnosis is caused by indifference of patient to early symptoms and carelessness on the part of the physician consulted.

Fifth. By thorough systematic instruction of the patient better results can be accomplished than by medication.

Sixth. Instruction of patient, family and friends and close observance on their part of the rules laid down will practically rob the disease of its method and means of extending.

Remember the meeting of the North Carolina Medical Society in Greensboro May 23-25th.

Cholera Infantum—Its Treatment.*

By Thos. M. Riddick, M. D., Woodville, N. C.

There is no malady that requires the therapeutic ministrations of the physician so violent and severe in its onset, or more intractible and rebellious to treatment, in the majority of cases, than that intense gastro-intestinal intoxication which we know as infant Cholera, or choloraform diarrhœa, as the older writers were pleased to term it. But, for the most part, it is a pathological instance where "coming events cast their shadows before." In nearly all cases there is a history of defective and retarded digestion of bacteria—laden food—of poor and unhealthy sanitary surroundings, of an environment of impure and vitiated air, and of the systemic absorption of the products of fermentation and decomposition in the intestinal canal.

All of these untoward conditions lower vitality and generate a depressed state of the system which makes it readily yield to the special toxin or poison (as yet unknown to the pathologists), that gives rise to that horrible seizure, Cholera Infantum, the scourge of infancy, the dread of the earnest, faithful physician who delights to win in the battle with disease.

Holt, a very excellent authority on "Diseases of Children," says: "Cholera Infantum is more closely connected with impure milk than is any of the other forms of diarrhœa, and may be due to some poison, developing in the milk before its ingestion, or in the stomach or intestines after the milk is taken. The symptoms are due primarily to the effect of the poison on the heart, the nerve centers, and the vaso-motor nerves of the intestines; secondarily, to the abstraction of fluid

*Read before the Seaboard Medical Association at Washington, N. C., Dec. 6-7-8.

from the various organs and tissues of the body, especially the nerve centers."

Who that has seen the clinical picture which a typical case presents, can ever forget it—the intense nausea and vomiting, by which nature is making an effort to free the system, as far as possible, of the undigested food and offending matter that gives rise to the gastro-intestinal irritation—the continuous round of the watery stools that are hourly depleting and weakening the little sufferer, by the heavy draught which they are making upon his resources. These stools, microscopically, are swarming with bacteria, and also contain many epithelial cells.

The prostration is rapid and progressive and the emaciation and loss of weight are in proportion. The full face of the child, when taken, in twenty-four hours is reduced to corpse-like proportions, sharp, angular features, with sunken eyes and drawn compressed lips, that tell even plainer than words of the great suffering and strain which have reduced the body to this low stage of debility and systemic inertia. The nervous system literally goes to pieces, so to speak, the patient showing intense irritability, at first, evidenced by sharp cries or agonizing moans. This is followed, in fatal cases, by low delirium, coma, and often convulsions, before death kindly closes the painful scene.

In the severe and fatal seizures the temperature is generally high—hyperpyrexia. I recall a case in my practice when the thermometer, in the axilla, showed a registeration of 106.5. I could not believe it myself until I had again taken the temperature, and saw the mercury as it ascended in the tube.

The heart action is weak, rapid and often irregular. The respiration is quick—sometimes irregular—and in some cases assumes the Cheyne-Stokes type of breathing. The tongue is coated, dry, and very red, reflecting the gastro-intestinal irritation. The belly is soft and retracted, almost boat-shaped. The thirst is insatiable, though all fluids are as promptly rejected by the stomach as soon as received. The urinary secretion is very scanty, because of the large amount of fluid eliminated by the bowels. Sometimes albumen is found in the urine and nephritis has occurred, because of the irritant action of the absorbed toxins upon the renal epithelum.

The treatment of this malady is dual—preventive first, by proper and appropriate hygenic and dietetic measures, and curative (?) after the seizure is on. The value of prophylaxis is most forcibly shown here.

At all times, and especially throughout the heated term, from June to October, the strictest care should be given to the feeding, cleanliness, and comfort of the child. To bundle up a little one in a heavy roll of hot flannel, in midsummer, for fear that the whispering of a zephyr may bring to it a fatal cold, almost savors of insanity, on the part of the nurse. Yet I have seen it done by ignorant and over-solicitous mothers.

The mother's milk, if it does not contain too much casein, is the ideal food, that which Nature has wisely provided and adjusted to the digestive powers of the infantile stomach. But even that should not be given too freely, in hot weather, when there is much relaxation and systemic depression, from the torrid heat waves that often come to us during the summer solstice, when Sirius, the dog star, is raging. In these days of equatorial temperature, even adult humanity—and certainly those of Falstaffian proportions—

feel that the earth is about to be rolled up as a scroll, that the elements will melt with fervent heat, and that they themselves will, ere long, be resolved into liquid, oleaginous compound. If those be the feelings of discomfort of the grown ones, clad in raiment that is almost primitive in its lightness, what must be the bodily miseries of infantile existence, literally smothered in a wealth of woolen clothes, and sometimes wearing a shawl to protect it from the biting, wintry blasts of July! All the water given the patient should be thoroughly boiled, and thorough sterilization should be applied to any artificial feeding that may be employed. The digestion should be carefully guarded and watched, and any irregularity speedily corrected. The secretions should be kept active. Frequent bathing and sound healthy sleep do much to preserve the tone of the nervous system and the strength of the child. In short, keep the head cool, the feet warm, the skin clean, and the bowels regulated, and, with judicious, but abstemious diet, the baby is not apt to take on the intestinal disorders that beset infancy in "the good old summer time." So much for preventive hygiene.

Now, as to the curative measures, I regret to say that the doctor is often made to realize the impotency of therapeutics in many of these cases. A high authority states that two-thirds of the stricken ones die of cholera infantum, despite the best of medical measures. In the face of that heavy percentage of mortality, the ablest and most experienced practitioners may well shrink from the herculean task before them.

A change of air, going to the seaside or to the mountains, is often more effective than all the remedies of the shops. But that is not available to the poor—save in a very limited way.

Medication, or feeding by the mouth, during the attack, is out of the question, because of the intense gastric irritability. Food of every kind should be withheld. The aim should be to empty rather than fill up the gastro-intestinal tract, and secure for it perfect rest, and the recuperation which nature brings, with rest. Shaved ice is better than water to relieve the extreme thirst. I have seen a little weak toddy—made with peppermint water, and followed by shaved ice, mitigate the nausea very much. Counter irritation over the stomach and bowels, by means of a spice plaster, or mustard plaster well diluted with flour, is often of service. Morphine and atropine, given with the syringe—and the dose carefully adjusted to the age of the patient, helps to buttress the weak heart, and tranqualize the nervous system. The normal salt solution, given under the skin, will combat collapse, and keep off renal inactivity. A towel or cloth wrung out of ice water, and placed as a turban around the head, will keep the fever within a reasonable limit. As an astringent and intestinal antiseptic, subnitrate of bismith may be given. That not only checks the excessive diarrhœa, but aids the morphia in sedating the stomach.

The lower bowel should be well flushed—high rectal enema with sterilized water and boracic acid—given with a two-way tube.

Even in the cases that recover great care must be given the diet and digestion, for some time. Milk should be left out of the dietary. Liquid Peptonoids—with Creosote—dilute Beef Juice, rice water, may be given for a while, until the stomach has regained its lost tone, and a good article of Ess. Pepsin given after feeding, to which is

added an antiseptic (Listerine) will aid the digestion much.

It should not be forgotten that ileocolitis is often an unhappy sequel to cholera infantum, and here as elsewhere prevention is better than cure.

Faulty Metabolism.*

By H. Kutnow, M. D., Carlsbad, Germany.

Mr. President and Gentlemen:—

Our great German poet Goethe said: "This is the fruit of an evil deed that it eternally continues to bear evil fruits." And surely, I have the best illustration for it this evening. After having been wicked enough to give you a practical lesson is faulty metabolism last night, filling you up with a number of bad hydrocarbonates and other dangerous stuffs, causing you to get lithemic, the evil consequences are that you insisted on my giving you a scientific lecture for the purpose of trying to get rid of the toxins which you indulged and imbibed in so freely last night.

As I gave you three reasons last night why I am thankful and attached to America, I also have three reasons this evening, why by rights, I should not speak to you. I hope you will not turn on me the story I told you last night about the girl and the ten reasons and listen to my three I have to give you tonight. In the first place, I suffer of this peculiar diathesis called by the German scientist "Katzenjammer." I don't know the correct name you give it in this country, unless you refer to a seal brown taste after a night out. My second reason is that the English language not being my native tongue, it almost makes me afraid to address a body of scientific members of my Fraternity, and my last, but by no means least reason, my fear that you all surely will be disappointed, expecting to learn something from me, a German medical man, who necessarily in your eyes, should be a shining light in his profession, but, who, unfortunately, does not know a blame thing, if it comes right down to real facts, more especially, as I have no material whatever on hand which will enable me to give you a correct scientific esay.

Now, coming to the real subject of my address, about some remarks on faulty Metabolism, I have to disappoint you right in the start in saying that the primary and essential causes of the so-called constitutional disorders of malnutrition, respectvely, mal-assimilation, causing faulty metabolism, are still veiled in utter darkness. While the researches in this line, in themselves, are exceedingly interesting and almost bewitching, the results—had I prepared a scientific paper—would have been such that I would have to give you a greater number of very uninteresting and dry figures; statistic numbers and high faluting names, which from day to day, are growing more mysterious and longer, such as, for instance, Ptyalin ($2\ C\ S^{6}\ H^{10}\ O^{5}+H^{2}\ O$), Ensym ($3\ C^{c}\ H^{10}\ O^{5}+H^{2}\ O$), Invertin ($C^{12}\ H^{22}\ O^{11}+H^{2}\ O$), Emulsin, Urobilin, Pepsin, Trypsin, Indican, Butterin, Tyrozin, Syntolin, Glycocoll, Hippuracid, Amidocaprom Acid, Oxycapron Acid, etc., etc.

This is all very nice, but it will take more than one Philadelphia lawyer, as you say in this country, to keep all these names in his head, and I particularly pity the medical students of coming generations, as their craniums will be entirely too small for all the names that will spring up in the course of time and grow longer and longer.

Let us turn to a more practical point

*Read before the Charlotte Academy of Medicine, March, 1905.

of the subject of the evening. In the so-called pathogenic diathesis, caused by errors of metabolism, we generally differentiate three distinct groups of symptomatical appearances calling them the Lithemic, the diabetic and the uric acid or gouty diathesis. In the first, the lithemic, for instance, in some forms of jaundice, it is true that we know that the natural outlets of the gall being obstructed some of the bile is mechanically pressed into circulation, but in so-called catarrhal icterus the presence of inspissated mucus and mucopus in the common bile duct is absolutely hypothetical, and in hematogenous jaundice we are quite at a loss to understand the causes for and the nature of the peculiar changes which take place in the blood when its coloring matter is transformed into bile pigment. But in whatever manner the billiary elements may have been absorbed into the circulaton of the different types, the symptoms are in all cases essentially identical, and, in speaking of these diseases called Cholemia, we mean to express that the component symptoms of this condition is directly traceable to and disappear entirely with the elimination of the billiary element from the blood. In the second group, the diabetes, we also cannot with any degree of certainty, account for the metabolistic changes that lead to the accumulation of dextrose or levolose in the blood and its subsequent elimination through the kidneys. But although the presence of grape sugar in the blood and urine is but the external expresson of an intrinsic deeply rooted constitutional abnormality, we know that the disease as well as its complications and distressing sequels never are present or make themselves known disagreeably to the patient unless sugar actually circulates in the blood and they decline in the same proportion as the quantity of the dextrose in the urine is diminished. In fact, experience has taught us that a diabetic patient is absolutely healthy and normal in all his vital functions for all practical purposes, as long as sugar is absent from his blood and of course from his urine; with the gouty diathesis, we are in a very similar position. In fact, there seems to be such a striking analogy between the lithemic, the diabetic and the gouty, or as you call it, the uric acid diathesis, that we might call them first cousins, and, very often, I have found in my practice that they lap over each other; so, for instance, frequently patients were sent to me by my learned brethren from different countries wth a diagnosis of a pure and simple diabetis mellitus, when upon more careful examination, I was compelled to pronounce their case as a mere gouty or uric acid gycosuria. In other words, the prevalent trouble was of a gouty nature, specific gravity high, but no symptoms of ravenous appetite for food and water, no falling off in weight, but suffering of fluctuant pains in different parts of the body with a secondary appearance of some per centage, say 2 to even 4% of sugar, which, however, did not cause the abnormally high specific gravity.

In crystalizing the acids by evaporation we could easily find that the abnormally specific gravity was caused by the abnormally large amount of the different acids and not by the dextrose. Again, in cholemia, gravel or renal calculi, we can easily demonstrate that they combine both the lithemic and the uric acid diathesis. The stony or chalky deposits are generally formed around and deposited on to an acid crystal , as a nucleus, as we very plainly can see for instance in gall-stones.

How these metabolistic changes originate and what causes the origin of the same, is, as I said before, simply a matter of hypothesis, and still entirely undiscovered. Despite the most diligent chemical analyses, the most ingenious physological experiments, in spite of the most searching pathological examinations and the most careful clinical observations, the original starting point of either of the three diathesis remains to this day a matter of mere conjecture. One thing, however, seems to be positive, that in gout as well as in lithemia or diabetes, we have to fight with true chemical and physological toxics which circulate in the blood, no matter how they are formed originally, and which by their presence, or rather by their presence in excess, interfere with the nutrition of the cells and disturb the proper functions of the different organs which they reach through the circulation, clogging up the whole billiary and elementary track, in fact, disturbing the actions of all the inner organs.

It is deplorable that we have not as yet been able to find the real starting point of these functional disturbances and many fights have been experienced among scientists. Some claim that the starting point is in the muscles, others in the spleen, others again seek the beginning in some influence of the nervous system respectively of a disturbance of the regulating centre or of the tropic nerves. Others named the pancreas, others the liver and some even the marrow of the long bones. While a great many assert that in all tissues and in all cells and in all organs the cause is started simultaneously.

Now, gentlemen, you have heard a great many uncertainties expressed by me, but let us ascertain what we actually know to be certain about these diathesis, which is very little: First, we know that they depend on some errors in the metabolism of the proteid elements of the food, that they are chronic constitutional disorders of mal-assimilation of which the local affections are secondary and more or less accidental manifestations; second, that the blood is charged with either excess of grape sugar or of lithic acid, respectively, their alkalies, such as lithates of potash and of soda that the alkalinity of the blood is accordingly diminished, that this abnormal condition of the blood produces a great number of symptoms which are directly dependent upon the toxic influences of the acids and their salts and disappear when the blood is freed from their excess.

Here, I am bold enough to make a statement which no doubt will surprise and probably shock most of my learned brethren present, namely, that three-quarters of all our diseases, nay, eleven-twelfths of them are caused by the aforementioned toxics in the system. Not only so-called antonic cirhosis, or enlargement, resp. hypermia of the liver, the gall stones, the nephritic disturbances, acid dyspepsia, atony of the intestinal tract, gouty sciatica, lumbago, sluggishness and inactivity of the villi causing constipation or fermental diarrhœa, etc., etc., but also the fluctuant pains in the body, not only the outspoken so-called toe gout, but also many disturbances in the bronchial tubes, larynx, and pharynx, the eye, the ear, the skin and many others, even the teeth are frequently infected, as alveolaris pyorrhea is nothing but a symptom of gouty diathesis. And all specialists and general practitioners will agree with me that they invariably and almost daily find gouty or lithemic conditions of every part of the body. I even go a step farther and

claim that most of our so-called baccilli epidemics, such as, for instance, the at present prevalent grippe epidemic will only take hold of individuals suffering of a lithemic or gouty diathesis.

I finally am bold enough to say that more than 80 per cent. of the inhabitants of this glorious country of the stars and stripes are infected with a gouty diathesis. As I said before, we don't know the original starting point, but we surely know that an excess of nitrogenous material in the system favors these conditions, which is generally produced by hasty meals, overeating, the use or rather abuse of ice drinks, excess of alcohol.

I do not mean to preach abstinence altogether, as being a German, I have been brought up on the bottle, and naturally find that too dry a state is by far more dangerous, at least more disagreeable, than the gouty diathesis itself.

In my experience I for my own self came to the conclusion that the liver is the original cause of the aforementioned troubles, but I do not wish you to take this statement as a positive scientific fact, and, am open for discussion, criticism and even abuse.

The reason I came to this conclusion is, that in my experiments and practical experiences the liver is the powerful storage house of insoluble glycogen and of the carbo hydrates for our organism and supplies the blood and tissue with insoluble grape sugar and other matter, such as albumen, bile and acids in the needful proportions for our healthy body. The liver, therefore, is not only the storage house, but also the organ of secretion, the chemist of our body working through and giving resp. doling out in the right proportions those substances which go into our blood as well as into the intestines necessary for our existence. And when the liver is overloaded by indiscretions in our daily life, it is not able to do its work properly, causing all the aforementioned troubles. Therefore, we must need to say a few words about the treatment, but as the evening is far advanced, I must stand guilty again for the reproach which I so often have to hear from American physicians, namely, that while we Germans are so full of science and apparently know all about the dead issues, we utterly fail in giving you a correct way of medication.

While we write books of many volumes on certain diseases, we generally limit the treatment to the last chapter of only two or three pages. My experience with American patients has been that when I asked them what medications they received in the course of treatment, I invariably coaxed from their pockets a number of recipes, pills, powders and portions, partly to be used for the stomach or for the nerves or some for the head, etc., etc., and I in almost all cases found they were overloaded with medicines, instead of the system having been unloaded, therefore, I think that a word to the wise is sufficient, and in concluding my lecture I will give you the shiboleth of treatment in four words—diet, exercise, hygiene and last, but by no means least, elimination.

Mr. President and Gentlemen: While I thank you for your indulgence with my most unscientific speech, I also at the same time beg your pardon for not exploring the point of treatment, the strongest of which should be the diet, and I would willingly go deeper into this matter if the time would permit and you would be willing to have me do so, but I dare say that by

this time you have had enough of me. I hope, however, that in the course of years, in case I should not in the meantime be compelled to be chloroformed in accordance with the recent expressed view of our learned friend and brother, Dr. William Osler, I shall take great pleasure in coming back to this country and continuing this lecture.

ABSTRACTS.

Incontinence of Urine in Children.

CLEMENS, of St. Louis, condemns the treatment of this symptom instead of the underlying cause. (*Arch. Pediat.*, Mar., '05.) Urinary examination of 148 cases, showed the following four causes of incontinence as the most common, given in order of frequency: (1) Hyperacidity (day and night); 2 Adenoids (noctural incontinence); (3) Chronic interstitial nephritis (nocturnal and diurnal incontinence); (4) Alkalinity (fixed alkalides, incontinence day and night). Contrary to accepted theories, we do have interstitial nephritis in very young children. Attention is directed to alkalidity due to fixed alkali *e. g.*, carbonates, independent of alkaline tide, and without cystitis, to be treated with acid sodium phosphate.

Professional Esprit de Corps.

Before the Genesee Co. (N. Y.) Medical Society, DR. J. W. LESEURE read a paper with the above title, the purpose being to unify and strengthen the organization (*Buff. Med. Journ.*, Apr., '05). The doctor's work makes him an autocrat, and because of his relations with his patients he is sometimes led to believe he is an independent member of society. The multiplicity and often the importance of his duties limits his associations with his professional brethren.

Unification and organization are necessary to highest and best medical efforts, and professional enjoyment and success. A unified profession will command more respect than a quarrelsome one. First, Effectiveness will be increased by working together. Two men can accomplish more than one and twenty united can do ten times as much as two. Every one must feel his individual responsibilty in accomplishing the unified counsels of the whole. Second, the Esprit de Corps is increased by devotion to medical societies and physicians' clubs. Doing good financially, socially, politically, professionably to a professional brother, will benefit the profession as a whole and have a reflex benefit to the one making the effort. Third, Sympathy and regard for each other is wonderfully helpful, and a kindly word will often cheer the depressed brother in a hard struggle against great odds. Fourth, Fraternity and good fellowship may be promoted by loyal support. This will make each appreciate his professional strength of the stronger, and the stronger benefited by the sympathy of the weaker.

Inebriate Criminal.

CROTHERS read a paper, "Should inebriates be punished for crime by death?" before the session on mental and nervous diseases of the American Medical Association, at its last meeting in which he takes the ground (*Jour. A. M. A.*, Mar. 25, '05), that the severe criticisms of the legal fraternity on medical expert testimony is often

just. Physicians on the witness stand on the question of inebrity are often stupid. The effects of alcohol upon the system are not understood, and insanity and irresponsibility from its use are not recognized. The pathology and physiology of these defectives are confusing. The inebriate whose use of alcohol may be a symptom as well as an active cause, is diseased and has a defective brain, with a defective power of control, no matter what the appearance may be. The degeneration is physical and not moral, and the man is less able to judge of his acts because of the defective senses and generally poisoned condition.

No matter how it may be used, the effects of alcohol are the same, only varying in degree. First, the action of alcohol is upon the vaso motor nerve, disturbing the vascular circulation, both increasing and diminishing the flow of blood to the brain and to the surface of the body. Second, the nutrition is disturbed, the oxygen carrying properties are diminished, and the toxins are increased, and the vitality is lowered. The blood vessels are deficient in their work. This impairment of the blood vessels deranges the senses, as the sight is impaired and both sense and power of discrimination are diminished; hearing is lessened, and co-ordination of sounds is disturbed; taste and touch are defective; and the consciousness of the external word coming through these senses is prevented. This affects the power of reasoning because the impressions coming through these senses are faulty and misrepresent the true conditions. It also extends to the organic impressions within the body and gives false ideas of strength and vigor. The co-ordinating centers are palsied, hence delusions, illusions and deliriums with stages of mania and imbecility.

Punishment of inebriates does not deter them nor does the death penalty inflicted upon an inebriate for crime committed while under the influence of alcohol have any effect upon other inebriates. On the contrary, society and human justice suffers by the unreasonable efforts to punish and destroy the chronic inebriates for wrong doing. Each effort to check these toxic states by punishment only increases the disease and makes the victim more incurable, and is literally a form of education, increasing the debility, lessening the control and precipitating him lower and lower.

One great fault at present is the failure and hesitation of the medical profession to defend the teachings of science.

"Some of the conclusions which the scientific studies of the present make prominent may be stated as follows: First, the present legal treatment of inebriety and the efforts to apply preventive and deterrent remedies is a failure.

"Second, science has proved beyond question that the action of alcohol is an anesthetic and depressant, and that its continuous use is followed by sensory and motor impairments, and also by poisoning and starvation of the brain and nervous system, hence sanity and responsibility is not possible.

"Third, the object of the State, through the law, to prevent crime and to protect society from criminal inebriates by dealing with them as sound and responsible, fails in every particular.

"Fourth, the fear that the plea of insanity in crime and the failure to inflict punishment is an excuse and encouragement for crime, is opposed by all statistics and experience.

"Fifth, the inebriate should never be punished by death for crime committed

under the influence of alcohol, because he is not mentally sound. Such punishment surrounds the criminal with a contagion which leads other defectives to repeat these very acts.

"Sixth, the question of responsibility in inebriety should never be made the subject of medical controversy.

"The fact of excessive use of alcohol should be accepted as evidence of mental impairment and of inability to control acts and conduct. The medical examination will show this impairment, and the patient should be committed to institutional care and treatment. Physicians called to give evidence of the sanity and responsibility of inebriates should give their views entirely from the facts of the neurotic heredity with the spirit and drug history. The more thoroughly these are known the more accurately conditions of the brain can be determined. The question is one of cause and effect; not of theory nor of legal dictum, but of actual fact, with the legal application of which the expert has no concern."

Syphillis and Longevity.

J. M. HYDE read before the Chicago Medical Examiners' Association a paper on "Syphillis as related to the problem of longevity," dealing with the subject in special reference to life insurance examinations (*Medicine,* Apr., '05.)

Longevity prospects of a person afflicted with syphillis cannot be determined with certainty, for want of sufficient facts on which to form an opinion. The fatality is 80 to 90 per cent. in inherited syphillis. There is no complete immunity from acquired syphillis in any nation or section, though some individuals are more susceptable both to the contagion and its virulence, and there may be a relative immunity. Trustworthy statistics are not available as to mortality of acquired syphillis, but is probably less than two per cent. From the medical examiners' standpoint, its influence in lowering the vitality of the system, rendering it an easy prey to the ravages of other, and especially nervous conditions, and its sequelæ, are more to be considered than the disease itself. Chronic alcoholism, tobacco-narcosis—malnutrition business cares are factors in the production of these effects. The moral effect of a disease considered loathsome may jeopardize the best play of bodily functions with dire results.

"The ideal applicant for life insurance who has suffered from syphillis should have had active and unmistakable symptoms of that disease early in life; should have had, after efficient treatment, several years of exemption from all evidences of infection; should have an excellent family history, free in particular from instances of nervous diseases affecting immediate relatives; and should be leading, and have led, a life relatively free from strain, stress, and excess of all kinds, including indulgence in alcohol, tobacco, or other of the narcotico-stimulants."

Ocean Bathing.

MARVEL, after some general observations on the advantages of sea bathing as a mineral bath, the influence of temperature, primary and secondary, and the disadvantages, especially as used at fashionable resorts in prolonged immersion, remaining on the beach in insufficient clothing, re-entering water, etc., gives (*Jour. A. M. A.,* Apr. 8, '05) the following as indications for and against its use.

"The cold sea bath combines the stimulating influences of the brine bath at a low temperature with the effect of

a stimulating hydrotherapeutic procedure. They are admirable for rapid reaction and prompt functional stimulation, and are indicated in those weakened conditions where normal metabolism is inhibited, or where perverted nutrition exist. Such conditions are present usually in all functional disturbances of long standing, types of which are neurotic dyspepsias, the functional anemias and neuralgias, neurasthenia, and some cutaneous diseases, as eczema in the subacute, and chronic forms, pityriasis, urticaria, etc.

"Sea bathing is contraindicated in those cases in which the arterial elasticity for any reason has been changed or lost, as in arteriosclerosis and capillary fibroses; also where the peripheral vessels have ceased to respond to reflex stimuli, or in any case or condition in which the stimulation of the bath would be likely to favor or to produce internal hemorrhage (particularly in the aged, in whom we have realized or suspected fragile arteries), and for those with organic heart disease, recent rheumatism, cholelithiasis, acute gastrointestinal or febrile diseases, or any disease whatsoever in which the normal resistance has been so reduced as to make it necessary to protect and guard the patient's forces.

"Miscarriage may be caused by bathing when the sea is particularly rough. Sea bathing is also prejudicial to health during the menstrual period. It is worthy of note that otitis media frequently follows bathing in a rough sea, as well as frequent and prolonged exposure in the water."

Arsenite of Copper as a Diuretic.

GETTEMAN speaks highly of the arsenite of copper as a diuretic (*Albright's Office Practitioner*, Feb., '05). Its use in intestinal troubles is well known to the profession, and because it is considered a dangerous poison it is looked upon as capable of doing much harm, and is not used as much as it ought to be. When a quick, reliable and effective diuretic is needed, it will sometimes work wonders. This is especially so when decrease or suppression is due to cold or exposure, or when activity of skin is lessened by severe burns, etc. He gives in severe cases 1-20 gr .as an initial dose, and 1-100 gr. every hour, gradually reducing its exhibition as improvement progresses.

Medicinal Uses of Copper.

Medicine for March, 1905, gives, in a special article, a resume of the studies of Dr. Moore, of the Department of Agriculture, Washington, on this subject. It has been of late almost forgotten. Copper sulphate shows fine germicidal properties. Contaminated water placed in a copper vessel will destroy algæ and typhoid bacillus in a few hours. The small quantity required renders it available for purifying contaminated water supplies as it is tasteless and non-injurious in amounts necessary. The sulphate is generally used, but the arsenite is receiving some attention of late years. It is useful in doses of gr. 1-1000 to 1-100 in intestinal affections given every hour. In functional anemia 1-50 to 1-25 gr. may be given with benefit. The sulphate or bluestone may be used locally either as a pencil or $\frac{1}{4}$ to $\frac{1}{2}$ per cent. solution on inflamed or ulcerated surfaces. Two to five grs. to the oz. of water may be used in as astrangent lotion to inflamed mucous membranes as leucorrhea, gonorrhea and endometritis. Ten to twenty grains to an ounce of water can be used with advantage as an injective in dysentery.

Internally copper may be combined with opium for ulcerative diarrhea. It can be used in laryngeal troubles and in some of the neurosis as chorea, hysteria and epilepsy. In skin diseases of tuberculous character and of dry types it acts similar to arsenic. It is a nerve tonic and stimulates the heart and capillary circulation.

Efforts have been made to counteract its irritant effects by combining with other and blander metals. Capol is a combination of copper and nuclenic acid, and obviates many of the objectionable features of the sulphate, while retaining all the desirable ones, and will probably supercede other copper salts in internal medicine.

Nervous Exhaustion in Infants.

Northrop read a paper on this subject before the American Pediatric Society (Arch. Pediat., Jan., '05), in which he details the case of an infant of four months with nervous exhaustion, brought on by too much attention from fond parents (a sporty father and a society mother), grandparents, uncles, aunts and a large circle of friends. Because the baby was bright and would notice, he must be wakened at all hours to show off. The house was in a crowded thoroughfare and much noise. The demands of society reduced the mother's strength and the milk deteriorated, and the child suffered from exhaustion, dyspepsia and prostration. The cure was effected by judicious feeding, complete rest in a darkened room free from noises and confusion of every kind under the care of a nurse who understood babies. The fact that infants and children can and do suffer from nervous prostration because of illy-directed attentions and want of proper care in their needs is very forcibly shown.

Oral and Rectal Administration of Serums.

Hollen gives in *Medicine* for Mar., 1905, a resume of opinions upon the efficiency of the different serums when administered by the mouth or by the rectum. Since 1899 several writers have reported instances of the use of serums either by mouth or rectum, generally because of the fear especially in children, of the hypodermic operation. Most of them claim to have good results, in fact, no difference in its efficiency is noted. On the other hand, few close observers and authors of reputation have investigated the subject and claim that antitoxins are not absorbed from the gastrointestinal canal. Hydrochloric acid, intestinal ferments and intestinal organisms destroy the antitoxins. On the whole it is yet a moot point with the profession and needs further investigation.

Advantages of the Active Principles.

Hare in *Practical Therapeutics* says: "If a census could be made of those who die annually from the use of drugs which are impure or useless from weakness, the writer believes that a most alarming array of figureswould be presented. For many years this was unavoidable, because our knowledge of the active principles of drugs was deficient. At present these difficulties have been largely overcome." Speaking of variability in preparations, one sample of tincture nux vomica contained twice as much strychnine and brucine as it should, and had twice as much solid residue. On the other hand, a tincture of nux vomica contained only a trace of alkaloid, but had much inert solid residue. "All these disadvantages may be avoided by using assayed goods, or the physician should employ the alkaloids in pill form. A poor drug to the phy-

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sician is worse than a rusty knife to the surgeon."

Is it not a logical deduction from this arraignment of the usual crude galenics that the active principles should be adopted in the case of every drug where the active principle has been isolated, and if these active principles represent definite and pure preparations, should there not result from their use, accurate, definite, constant results?—*Allbright's Office Practitioner.*

Intubation.

Shurly arrives at the following conclusions, in regard to intubation:

1. O'Dwyer tubes and instruments are generally satisfactory. No cheap modifications or substitutes are required.

2. Digital exploration of structures about the entrance of the larynx are as relatively important in diagnosis as examination of the nasopharynx.

3. Failure to intubate is due to the operator, except in very rare cases, in which it is impossible to intubate.

4. Obstruction of the tube is more frequent after large doses of antitoxin. Therefore, the string should be left when indicated.

5. Early intubation is advocated in private practice and removal of the tube at the beginning of the fourth day.

6. Early removal of the tube and large doses of antitoxin before operation are in direct ratio.

7. Intubation is usually indicated as the primary operation in papillomata of children and acute stenosis in adults.—*Journal A. M. A.*

There were 1134 deaths from influenza in Italy in January, 1904. It is estimated that the mortality from the same cause in January of the present year was three times that number.

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EDITORIAL.

Distinguishing Features.

Every age has some prominent characteristic that differentiates it from other cycles of time. The dividing line is never closely drawn, and it is not practicable to say where one period ends and another begins. Modern medicine, *i. e.,* medicine of to-day as we see and practice it, has this characteristic in an eminent degree, in fact it has two distinguishing features, both of which are large factors in the present advances in medical science.

Precisely when exact diagnosis assumed the importance it now holds it would be hard to say. It has not reached its present position at a bound, nor is the idea of the desirability of making a correct diagnosis a new one. Our fathers in the profession recognized its importance and sought for pathognomonic signs of disease, and in order to be certain of the diagnosis in later days, the possibility of its being something else must be eliminated by a system of exclusion.

As much as the importance of fidelity in diagnosis was recognized by our forefathers, it has fallen to the lot of this generation to more fully appreciate its significance or if not appreciating it more at least to make it more prominent. Many agencies have contributed in making this advance possible, most of which were denied our predecessors. That they worked well with the lights available, and accomplished wonders with the implements to be had, is more than admitted, for we can but acknowledge our indebtedness to the researches of former generations for much of the knowledge of the present day. The recognition of the germ theory in disease and the rapid strides that have been made in the study of the lower order of plant and animal life as a causation factor of disease have made it possible for us to arrive at conclusions wholly impossible in former days. This has been made possible by the improvements made in the microscope and the perfection to which it has attained, as well as our increased knowledge and increased skill in its use. Without it

the advances would have been impossible.

Due credit must be given to electricity as a factor in the diagnostic skill of the profession of to-day, in our ability to differentiate, by its use, many of the nervous affections, but more especially to the X-ray and the field of research it has opened up for us, and which is being used to good purpose. The knowledge of the electric excitability of the nerve tissue is not new, but its extended application to diagnostic purposes is much in advance of a generation ago.

The present day doctor or even of the past two decades, would hardly know how to practice medicine without the thermometer, and hardly realizes that it is an aid to diagnosis of comparatively recent date. The same can be claimed for aspiration, the use of sphygmograph, the use of centrifuge and the influence of many medicines administered for purely diagnostic purposes.

The part played by chemistry in the proficiency of present day diagnosis is far in advance of any previous period, and the tendency is to make still further use of it in future work, especially in the examination of the excrementation of the body in both health and disease. The increased hospital facilities and their better management has given an impetus to the clinical study of diseases that has extended to the profession at large.

This has been and is still an advantage both in the treatment of disease and its diagnosis, and one of which the profession is quick to take advantage. There is more original research work now than ever before and with chemical and biological laboratories in connection with colleges and public hospitals, others under State and municipal control, the large plants sustained by manufacturing houses, and the private enterprises of this character, this department of medical science has forged to the front and rendered efficient aid in making this the diagnostic era of medicine.

The diagnosis of the present day must be exact. It is not enough that some one organ is judged to be at fault. The day for broad nomenclature of disease as lung fever, liver disease, spinal irritation is past, and even such terms as rheumatism, neurasthenia insanity, etc., are barely admissable. Each organ is interrogated through all its functions for the pathologic conditions, and efforts are made for the nicer distinctions in diagnosis never dreamed of before.

Another prominent feature in present day medicine is the tendency towards mechano-therapy. The administration of drugs for the relief of disease still has the lead with the profession, but they are not given so freely as formerly, and they are given in more concentrated forms. Treatment other than by drugs is gaining ground rapidly, and while many of the modes of reaching the ends sought are fads in the hands of sensationalists, or dogmas, advocated to the exclusion of all other means by quacks and irregulars, their utility in suitable cases cannot be doubted. Electricity, massage, Sweedish movements, passive exercise, water cures, mud baths, hot air applications, vibrating mechanics, etc., are all useful, and are gaining in favor with the profession.

The tendency of practice, as it is found to-day, is to follow similar lines for the future, and as a natural sequence there is in progress a gradual revolution in medical life. Specialism in medicine as in other departments

of professional and business circles, is in the ascendency. While good in itself as it is a distinct advance and the outcome of a progressive spirit, yet the present condition of practice and the tendency of future work is a hardship upon the largest class and in many respects the most worthy of the profession. The general practitioner with whom is the greatest burden and the smallest remuneration, the real rank and file of the profession, labors under many disadvantages in his efforts to keep abreast of the progressive spirit of the times. It is but begging the question to say that he should apply himself and keep informed on the progress being made, or that he should supply himself with the necessary adjuncts or paraphernalia for diagnosis and the treatment according to the latest accepted authority. Granted for the sake of argument that he should do so, the possibility of his accomplishing the task is hardly worthy of consideration. To know all of medicine is beyond the ability of one man, but can the general practitioner with his varied duties, his long hours of work in even seeing his patients, especially in country districts, where the work is the hardest, and the meagre recompense, afford the expense necessary to fit up a diagnostic laboratory or spare the necessary time for the investigations? Or can he supply himself with even a small part of the implements for mechano-therapeutics and devote the necessary time to their use? The best work in these lines is accomplished only in hospitals and to send his patients to the hospitals is curtailing his own income, small enough generally as it is.

Another thought that might be considered here is the extent of the general practitioner's practice, or perhaps it might be put even broader than this in the question. Are large practices desirable? A large practice demands close application, much hard work and even though the remuneration may be greater, there is a distinct loss in time for social life, the attentions to family, obligations to the public, general improvement, all of which are duties not to be neglected. Again, the overcrowded mind and body cannot give the best consideration and thought to individual cases, and so it is questionable if the patients of the man with the largest practice receives the best attention.

Close application and hard work are essential in most sections because it is only exceptionally the case that the prevailing fees are sufficient for a decent support. It may not be possible to bring it about, but there is evidently much needed readjustment of the fees as generally received by the general practitioner and those of the hospital attache. The one waxes richer while the other grows poorer because he sends his best paying patients to his more fortunate brother.

It is not claimed for the general practitioner that he is doing the best he can, nor are these views advanced in a spirit of antagonism to the activity displayed in both diagnostic work and hospital treatment. The zeal manifested in these directions should not abate, but it is evident that the rank and file of the profession is not keeping in touch with the progress of the day. The disadvantages already noted under which he labors are serious, but not entirely prohibitive.

Two excellent papers were read before the N. C. Medical Society last year (Transactions of 1904), touching a phase of this question, which are worthy of consideration. Dr. Prioleau wrote on laboratory work by physi-

cians, and the advice he gives can be followed with advantage by the majority if not all of our physicians. Dr. Stevens wrote on the Local Clinical Laboratory, and makes suggestions that if carried out would be of material aid to the busy doctor.

J. D. R.

Transactions of the Medical Society of North Carolina for 1904.

It is rather late to review last year's transactions of the State's Medical Society, but our copy was received after last month's material was almost fully prepared, and as there are many features worthy of note in the volume to be considered, this review was held over until this month.

The Secretary has done his work well, the only criticism to be suggested is the delay of issuing. The arrangement, completeness of information and printing are excellent.

My own observations and inquiries lead me to the conclusion that the Society's reports are not sufficiently regarded and studied. The reason for this is probably because of too many text-book papers and not enough original research matter given, and the present volume is not entirely free from this objection. Compilations from other authors are useful in many cases, especially where there is controversy on salient points, and often desirable, but generally the profession wants new ideas, and new combinations that are helpful.

Space will not permit of a full review of all the papers read. Some of them are of special interest and should be not only read, but studied and digested. The papers on Tuberculosis are of this class. The interest manifested in the subject of tuberculosis during recent years and the exhaustive researches in relation to it, have revolutionized the position of the profession as to its etiology and treatment. All that is here published is by no means new, but taken together with the published labors of our board of health, will give a fair idea of the *status praesens* of the subject.

Uncinariasis is well treated and because of its recent discovery is necessarily largely of original research character. For these papers and the advances they give us in a hitherto unrecognized condition we are indebted to our State Board of Health, two of the authors being members of the board and the third one working with the board, and receiving financial aid from it.

Dr. Parrott's paper on Quinine is an illustration of the needs of a study of many of our old and well-tried remedies under advanced knowledge of physiologic and pathologic conditions. Our use of quinine has been largely empirical, and this paper ought to enable us to be more rational in its administration.

Our visitors all rendered services very much appreciated. Dr. McGuire's paper on Ununited Fractures is of more than ordinary practical utility, and one which every county practitioner can appreciate along with his city brother—more perhaps because the city doctor can always secure consulting aid in these cases, but it is not always convenient with the country practitioner.

We have always had a certain degree of sympathy for the drug user, but Dr. Petty's article has placed him in a different light, and in the future there will be no contempt mixed with our pity.

The needs of exploratory incisions for diagnostic purposes is well recognized and surgeons doing work in the

abdominal cavity will appreciate Dr. Taylor's paper as an aid in dealing with many of the obscure maladies of the liver and stomach, and the same may be said of Dr. Wood's paper on Cholelithis.

This by no means gives a review of all that is important in the transactions, but these are at least worthy of study, even if the doctor does not read all the transactions.

J. D. R.

Wanted—Suggestions on County Societies.

From our observations we are constrained to the opinion that our county medical societies are not as well attended as they should be. The county medical society is the unit of the national organization of the profession, and its utility and importance recognized. It is not of these we would write, but of securing the attendance of the profession on its meetings. What we are seeking is suggestions as to interesting the lukewarm members of the profession, stirring up the indifferent, removing the apathy that is existing and getting up a hustle generally on county medical society matters.

We have thought of many plans, but none seem feasable in view of the fact that the class most desired to reach will not attend the meetings and so cannot be interested. The man who loafs on the street corner within two blocks of where the society is in session or gossips with a congenial spirit during the sittings of the society, might not add much to the interest of the meeting were he present, but ought to be benefited himself. The man who stays away because there will be nobody there who can instruct him, ought to be willing to go and enlighten his less fortunate brethren. The one who is too busy to go is especially desirable in our meetings, because his clinical experience is generally rich and varied, and his energy adds zest to the meetings.

Most of the counties of this State have county medical societies. Some few are well attended and doing good work, but the majority show but little interest or zeal. Will not some one from among the progressive societies give us the secret of their success?

J. D. R.

The National Medical Service.

President Roosevelt took the occasion, upon the presentation of diplomas to the graduating class of the Naval Medical School, to speak in terms of praise of the work of the Army Medical Corps at Santiago under exceedingly adverse conditions, and at the same time deplored the unprepared condition of the medical department of both the navy and army in case of war, placing the blame where it belongs, on the legislative (?) department of the government.

This, in one of the most enlightened and progresive nations of the earth, a world power of the first rank, is in striking contrast with the thoroughness of the organization of Japanese army medical corps, a nation a few years ago classed as semi-civilized, yet giving lessons in life-saving economics and humanitarian principles that other nations would do well to heed. The medical department of either army or navy will remain unprepared for efficient service until its worth is more fully recognized and it is accorded its just position in military rank, and social life of commissioned officers.

Inefficient Sanitation in the Panama Canal Zone.

Were specific acts essential to sustain the above assertion, we have them in amplified form in the very recent exposures of the petty jealousies, antagonisms and snubs of the sanitary staff connected with the Panama Canal Commission at the hands of the members of that body—more especially Mr. Grunsky. Dr. Chas. A. L. Reed has recently visited the zone and investigated the sanitary conditions at the request of Secretary of War Taft, to whom he makes a full report of the conditions found. This report is too long to notice more than a few prominent features in this connection. The personnel of the staff, headed by Col. Gorgas, whose excellent work in Havana makes him an authority on tropical science, is all that could be desired. The mistake has been made of making the department subservient to everything else. The rock on which every previous attempt to build this canal hung was the unsanitary surroundings, and it was fully expected that special attention would be given the prophylaxis of tropical diseases by the commission. In fact, a clause in the original treaty recognizes the importance of sanitation on the part of the both governments. Under the ruling of the commission every requisition for even a nursing bottle for a child born in the hospital must go through the hands and receive the approval of seven different departments, any one of which may hold up, change or disallow. Often requisitions must go from Panama to Washington City and be returned for additional endorsement, and then forwarded to purchasing agent in the United States, who uses his discretion as to style and quality of goods purchased. Plans for hygienic, sanitary and prophylactic measures are changed or disregarded, and material for some of the most important measures either refused outright or so reduced in quantity furnished as to render them inoperative.

Doctors and nurses are too few, underpaid and overworked. Physicians get but $50 per month, because they are securing instruction in tropical diseases! They are required to visit all persons requiring their services—rich and poor—at 50 cents a visit, and all such sums as well, as hospital fees, are to be turned over to the commission. Many more similar instances might be enumerated, but this is enough, and it is no wonder that yellow fever and malarial fever, both developed under existing conditions, and no wonder too that the President asked for the resignations of the members of the commission.

LATER.—The resignations of the whole band was requested by the President and a new board has been appointed.

Notes and Comments.

"Cuba, which became one huge sign board for the advertisement of milk and patent medicines as soon as the American invasion took place, has retaliated now by a bill to make the use of patent medicines a crime. This country is going to have a dope evil of its own if the patnent medicine business is not checked by legislation."

The above clipping from the lay press indicates the progressive spirit of our little sister republic and protege on a very vital question, and the opinion of at least one newspaper man of the course we are tending.

Judge Neal, of the Superior Court, in a recent charge to a grand jury, spoke in strong terms of the growing

percentage of insanity in the women living on farms. This has been recognized by alienists, and we are glad to see others taking cognizance of the fact. Judge Neal gives their isolation as the prime cause of this condition and advocates good roads for easier intercommunication of farmers' wives and daughters, and better mail facilities as a partial remedy for the condition. He seems in earnest as he told the grand jury to indict the officers who had failed in their duty in regard to good roads, and that he should keep them until he found out whether or not they had the nerve to do it or not.

The Washington (State) Legislature has passed a bill prohibiting the advertising of any remedy to cure sexual diseases, restore lost manhood, etc. An example worthy of being followed by other States. In the same State a bill to investigate tuberculosis and sanitoria in other States passed the House but was made inoperative by the Senate in cutting out the necessary appropriations.

In an editorial reference to laws relative to medicine passed by the recent Indiana Legislature, *The Central States Medical Magazine* notes that the criminal insane shall be tried by a jury of twelve men, and if sent to a hospital for the insane, shall upon recovery, be returned to a sheriff. The laboratory of State Hygiene fared well—five thousand dollars for establishment and ten thousand dollars a year for maintenance. Cigarettes are absolutely prohibited. Five hundred and sixty-five thousand dollars are appropriated for building a new hospital for the insane. An osteopath is added to the board of medical examiners. Trained nurses are to be examined by a board as to proficiency. One hundred and fifty thousand dollars are appropriated for establishing an epileptic village.

An editorial in the *Journal Am. Med. Asso.* (April 1st) compliments North Carolina's recent legislature on its advanced ground in child labor, divorce and vagrancy. Quoting from the *Outlook* it says: "The most liberal provisions ever adopted were made by the North Carolina legislature for the care of the insane and other unfortunates, * * * * * and for public schools." Some of these compliments are deserved, and we wish all were. The child labor bill was defeated overwhelmingly, the reformatory for youthful criminals shared a like fate, the divorce law and the one relative to vagrancy are both excellent, the old soldiers and the public schools were favored in the appropriations, but not beyond their merits. The hospitals for the insane received liberal appropriations for maintenance and are appropriations sufficient to add seventy rooms to one of the institutions, while there is a demand for accommodations for 800 or 1,000 patients.

Osler's Age Limit.

Several journals have noted Dr. Osler's address and criticised his position, especially as to man's capabilities after forty. Dr. Earl, of the *Central States Medical Magazine* says it would have been more reasonable if Dr. Osler had said that if a man did not show some evidence of ability before forty it would not likely develope afterwards. The following is Dr. Osler's explanatory statement to the press as to what he did say and the position he hold:

"I have been so misquoted in the papers that I should like to make the following statement:

1. I did not say that men at 60 should be chloroformed. That was the point in the novel to which I referred and on which the plot hinged.

"2. Nothing in the criticisms have shakened my conviction that the telling work of the world has been done and is done by men under forty. The exceptions which have been given only illustrate the rule.

"3. It would be for the general good if men at sixty were relieved from active service. We should miss the energies of some young-old men, but on the whole it would be of the greatest service to the sexagenarians themselves."

Microbes After Death.

A German authority has investigated the subject of microbes in the body after the death of the individual, and finds that all of the more important ones are destroyed by proper burial. The time elapsing for their destruction is from a few hours to six weeks. The baccillus of tuberculosis dies with its victim; the typhoid baccillus lives in the ground 18 to 20 days; the staphlococcus 28 days. J. D. R.

Substitution Again.

A physician in St. Louis recently complained that a prescription in which Fairchild's Phenolated Essence of Pepsine was prescribed had been dispensed with some substitute evidently containing a large amount of carbolic acid, one dose of the fluid having been sufficient to cause the patient to complain to the physician. Upon examination of this fluid it was found to be a substitute containing a very excessive amount of phenol.

A prescription calling for Fairchild's Phenolated Essence of Pepsine was therefore subsequently sent to the same drug store; also a prescription in which Fairchild's Essence of Pepsine was plainly specified. The vials dispensed upon these prescriptions were immediately, upon receipt, sealed in their original wrappers in the presence of a witness and forwarded to Fairchild Bros. and Foster. Upon examination, it was found that the fluid contained in each vial was some preparation not made by Fairchild, but a fluid differing materially from Fairchild's Essence of Pepsine, the substitute for Phenolated Essence of Pepsine containing, like the previous substitute referred to above, an excessive amount of phenol.

Messrs. Fairchild Bros. and Foster immediately mailed a letter to each physician in St. Louis setting forth the above facts and giving the name of the druggist who was caught red-handed in the act of substitution.

The reputation of Fairchild's digestives is world-wide, and the makers will appreciate complaints from doctors who have reasons to be dissatisfied with results after prescribing Fairchild's preparations.

Now that the question of the harmfulness of preservatives is engaging considerable attention, it is interesting to note that at a recent meeting of the Paris Society of Therapeutics (*Presse medicale,* November 2nd) M. Chevalier stated that he had found in medical literature reports of twenty-two cases of poisoning with boric acid. From these he had come to the conclusions that poisoning was not so often due to a single large dose as to repeated doses, and that the external use of the drug was more likely to exert a toxic action than its internal administration.—New York and Philadelphia *Medical Journal.*

The Meeting of the Anti-Tuberculosis League, at Atlanta, Georgia, April 17-19, 1905.

The American Anti-Tuberculosis League met in Atlanta, Ga., in the hall of the House of Representatives in the State capitol Monday morning at 10 o'clock, April 17, 1905, and was called to order by its president, Dr. George Brown.

There were over six hundred delegates representing leading national and State medical societies in attendance.

The League was opened by divine invocation by Rev. Dr. B. H. Holt. At the conclusion of the prayer the president introduced the governor of Georgia, Hon. Jos. M. Terrell, who welcomed the delegates to the good old commonwealth of Georgia in a speech which, though brief, elicited great applause.

Hon. Clark Howell made a speech of welcome on behalf of the citizens of Atlanta. His effort was a good one. He paid a beautiful tribute to the profession at large and complimented the league on the work it had undertaken.

Hon. Robert F. Maddox, in behalf of the Atlanta Chamber of Commerce, welcomed the visitors to state and city.

Dr. Willis F. Westmoreland welcomed the visitors.

Dr. William Perrin Nicolson, President Georgia Medical Society, followed with a speech in behalf of his association.

President Brown then addressed the delegates. His address was beautiful, poetical, pathetic, and was evidently highly appreciated.

Then followed the magnificent program, consisting of nearly seventy-five carefully prepared papers touching all phases of the subject. (Lack of space forces us to omit the program.)

Three North Carolina physicians read papers before the league. They were Dr. H. B. Weaver of Asheville, N. C., Dr. C. A. Julian of Thomasville, N. C., and Dr. C. P. Ambler of Asheville, N. C., whose papers were largely discussed and highly complimented.

Dr. Ambler's paper was so highly regarded by the Tuberculosis Congress that it was decided by unanimous vote to publish his paper and distribute it.

The social features of the occasion were grand successes and consisted of an elegant reception tendered the visitors at the Piedmont Hotel, by Dr. Geo. Brown, Monday night. It was one of the most elaborate ever given in the city and was attended by all the society.

An old-fashioned Georgia barbecue was given by Dr. A. H. VanDyke, Chairman Local Reception Committee, at Cold Springs 'Cue Club, Tuesday p. m.

Wednesday night Mr. and Mrs. Horner entertained the delegates in great style at the Piedmont Driving Club.

Just before adjournment Dr. Charles A. Julian, Thomasville, N. C., Secretary of the Committee on Resolutions, read the report of the committee before the congress setting forth the creed of the league.

These were formally adopted by the assembled delegates as being the sense of the convention. The resolutions are as follows:

RESOLUTIONS.

Your Committee on Resolutions beg to report that after a thorough consideration of the various suggestions, motions, resolutions and opinions, expressed in essays and discussions, together with the matter especially submitted to the committee, it has formu-

lated a concise and comprehensive statement of belief, expressing, the committee thinks, the concensus of opinion of the league, upon the broad foundation of which may be based many elaborations of detail and on the lines of which may be mapped out its future labors.

Your committee submits the following formulated statements for adoption by the league, as the fundamental principles upon which its future work shall be based, and its official announcement to the public of the platform upon which it stands.

First. Tuberculosis is communicable, not inherited. A predisposition to this disease may be transmitted from parent to child, but not the disease itself.

Second. Tuberculosis is curable. When the presence of the germ is early recognized it may be destroyed in the individual by the adoption of proper remedial measures.

Third. Tuberculosis is preventable. Two factors are essential for its development: 1st. The presence of the germ; and 2nd, a soil favorable for its development. To some extent, one or both of these factors are subject to intelligent control. The disease is, therefore, to this extent preventable.

Fourth. We respectfully recommend the appointment by this league of three physicians in each State, whose duty it will be to form State Anti-Tuberculosis Leagues; to invoke the aid of the profession, and the State in the crusade against this dreaded disease.

Resolved. That this league respectfully transmits a copy of these resolutions to the Secretary of each State society, to be presented to the societies for consideration, and action thereon, and asking their co-operation.

Resolved. That the object sought to be accomplished by this congress of the American Anti-Tuberculosis League, is to present to the American public practical and practicable methods and measures to avoid the infection of tuberculosis, to suppress its spread, and in furtherance of this end, to endeavor by education to encourage a healthful condition of living through personal hygiene and domestic sanitation.

Resolved further, That a committee be appointed by the Chair to prepare concise and forcible leaflets, tracts, pamphlets and other literature intended for the information of the public, on the subject of tuberculosis, and the manner in which it is usually acquired; how to prevent its spread, by proper living and proper sanitary care of the patient and his dwelling, and for the presentation of this subject interestingly, practically and understandingly. Such literature to be distributed widely throughout the United States, in home, store, workshop and factory.

Be it also Resolved, That a committee so appointed shall be authorized to solicit funds by popular subscription to defray the expenses for carrying out the purposes of this resolution.

Dr. Quitman Kolnkee,
Chairman, New Orleans, La.
Dr. Chas. A. Julian,
Secretary, Thomasville, N. C.
Dr. H. B. Weaver,
Asheville, N. C.
Dr. U. V. Williams,
Frankfort, Ky.
Dr. Edward McGeehee,
New Orleans, La.
Dr. Chas. S. Jernigan,
Sparta, Ga.

The annual election of officers took place Wednesday afternoon and resulted as follows:

President, R. E. Conniff, Sioux City, Iowa.

Secretary and Treasurer, Dr. Walter N. Vilas, El Paso, Texas.

Vice-Presidents: Dr. Hubbard of Georgia, Dr. Ambler of North Carolina, Dr. McGhee, of Louisiana, Dr. Hickey of Michigan, Dr. Porter of Florida, Dr. McMurry of Tennessee, Dr. Van Dyke of Georgia, Dr. Snodgrass of Missouri, Dr. Milliken of Ohio, Dr. Williams of Kentucky, Dr. Gray of New Jersey.

The association will meet next year in El Paso, Texas, the time of the convention to be announced later by the president.

In every particular the convention was unanimously pronounced a thorough success.

Medical Society of the State of North Carolina; 52nd Annual Meeting, Greensboro, N. C., May 23-25, 1905.

*Preliminary Program.

Society called to order in Guilford Court House at 10 a. m., May 23, by Dr. Chas. Roberson, Chairman Committee Arrangements.

Invocation—Rev. H. W. Battle.

Address of Welcome from Chamber of Commerce—Dr. Chas. D. McIver.

Address of Welcome from City of Greensboro—Hon. A. L. Brocks.

Response on Behalf of Society—Dr. L. B. McBrayer, Asheville.

The Annual Address of the President—Dr. David D. Tayloe, Washington.

The Annual Oration—"The Influence of Physic Phenomena upon the History of Medicine"—Dr. Ben K. Hays, Oxford.

The Annual Essay, "The Physicians and the Public"—Dr. Jno. Hill Tucker, Henderson.

The Annual Debate, "A Plea for a more liberal diet in Typhoid Fever"—Leader of debate, Dr. E. T. Dickenson, Wilson.

"Pneumonia"—Dr. H. B. Weaver, Asheville.

"Pneumonia from a personal viewpoint"—Dr. J. B. Wright, Granite Falls.

"Some Practical observations on Pneumonia and its Complications"—Dr. H. M. McBride, Milton.

"Pneumonia, Practical suggestions as to Therapeutics"—Dr. W. H. Anderson, Wilson.

"The Bearing of the Medical Fraternity to chemistry: What it is, what it should be"—Dr. W. J. Martin, Davidson.

"Importance of exact diagnosis in diseases of the stomach"—Dr. Chas. W. Mosely, N. Wilkesboro.

"On the duodenal ulcer—Its etiology, symptomology, prognosis and treatment"—Dr. Fred K. Cooke, Wake Forest.

"Gastric Ulcer"—Dr. E. A. Lockett, Winston.

"Enteritis, Follicularis, Symptoms and Therapy"—Dr. Jno. T. Burrus, High Point.

"Glaucoma, Diagnosis and Treatment"—Dr. C. W. Banner, Greensboro.

'Defective Hearing in Children"—Dr. R. V. Brawley, Salisbury.

"Life Insurance Examinations—The Duties and responsibilities of all concerned"—Dr. O. L. Denning, Dunn.

"Edible and Poisonous Fungi in North Carolina"—Dr. J. W. Peacock, Thomasville.

"Etiology of Chronic Hepatitis"—Dr. S. M. Crowell, Charlotte.

"Quacks, Charlatans and Impositors"—Dr. C. E. Reitzel, Youngsville.

"Physical Therapeutics"—Dr. J. A. Walton, Danville.

"The Internal Secretions"—Dr. M. Eugene Street, Glendon.

"The Anatomical Basis of Heridity"—Dr. R. H. Whitehead, Chapel Hill.

"A Case, Heart Congenitally on right side of body"—Dr. Lynn McIver, Sanford.

"Diagnosis and Treatment of Tuberculosis of Kidney"—Dr. R. Winslow, Baltimore.

"The Future of Surgery"—Dr. H. S. Munroe, Davidson.

"A plea for prompt and efficient treatment in gun shot wounds of the abdomen, with clinical reports"—Dr. W. O. Spencer, Winston.

"Rectal Fistulæ"—A. J. Crowell, Charlotte.

"Gall-Stones, with reports of cases"—Dr. J. W. Long, Greensboro.

"Puerperal Eclampsia"—Dr. F. R. Harris, Henderson.

"Symphisiotomy, with report of case"—Dr. J. A. Williams, Reidsville.

"One Hundred consecutive Coeliotomis"—Dr. J. F. Highsmith, Fayetteville.

"Report of autopsy 18 months after Talma's operation for hepatic cirrhosis"—Dr. L. B. McBrayer, Asheville.

"Report of case, Round-cell Sarcoma of tongue"—St. Clair Spruill, Baltimore.

"Clinical Report of Interesting Surgical cases"—Dr. C. M. Strong, Charlotte.

"Surgery of Stomach and Duodenum" Dr. A. C. Harrison, Enfield.

"Surgical Treatment of Dyspepsia"—Dr. Stuart McGuire, Richmond.

"Surgical Treatment of Ectopic Gestation"—Dr. H. S. Lott, Winston.

"Tubal Pregnancy"—Dr. W. P. Whittington, Asheville.

"Burns as seen by the general practitioner and their Treatment"—Dr. J. P. Munroe, Monroe.

"Operative Treatment of Aneurism"—Dr. H. M. Taylor, Richmond.

"Some Peculiarities of Railway Surgery"—Dr. D. A. Stanton, High Point.

"Personal Views on the management of Typhoid Fever"—Dr. E. C. Register, Charlotte.

"Immunity"—Dr. W. S. Rankin, Wake Forest.

"The Chemico-Physiological basis for Infant Feeding"—Dr. Sam E. Woody, Louisville.

"The Vital importance of Physiologic Elimination by the Kidneys"—Dr. W. C. Steele, Mount Olive.

"The Responsibilities of Railway Surgery"—Dr. C. A. Julian, Thomasville.

"Appendicitis"—Dr. LeGrand Guery, Columbia.

*The regular programme will be issued about May 20, giving the arrangement of papers with titles of additional papers.

Authors will facilitate the work of the Secretary and expedite the early appearance of the volume of Transactions by having their papers in duplicate copy, preferably type-written.

GENERAL INFORMATION.

County Medical Societies which have not already sent in their reports for 1905 will please do so at once.

The State Board of Medical Examiners meets in Greensboro May 17.

The State Medical Society meets in Greensboro May 23.

The General Sessions of the Society will be held in the Court Room.

The sittings of the House of Delegates will be in Benbow Hall.

Headquarters will be at the New Benbow Hotel. The Hotel accommodations of Greensboro are of superior quality and ample for all. Four first class hotels, the New Benbow, The Guilford, The McAdoo, The Clegg, each will be open for guests and a reduction is assured gentlemen attending.

The railroads give reduced fares, one and one-third rate. Pay full fare going being careful to take a receipt from the agent selling the ticket, which receipt, countersigned by the Secretary, entitles to return fare of one-third.

The Guilford County Medical Society is enthusiastic over the prospects of having a very successful meeting.

The attendance gives promise of being large.

Greensboro will exhibit her proverbial hospitality to all.

A reception will be tendered the Medical Society on Tuesday evening at the Normal College for Women.

A reception will be tendered the Medical Society on Wednesday evening.

The State Board of Examiners for Trained Nurses and the State Society of Nurses also holds its annual session in Greensboro at the same time.

The scientific feature of the meeting gives promise of a high grade.

Chairmen of Sections who have not already done so will kindly send the Secretary immediately any additional titles for their section.

Gentlemen of the Society wishing to present papers, clinical reports or specimens, will kindly advise the Secretary without delay that a place may be assigned them on the final programme.

Gentlemen representing their County Medical Societies in the House of Delegates will please bring their evidence of authority.

Every member of the County Medical Societies of the Medical Society of the State of North Carolina is given a most cordial invitation to attend the session.

EXTRACTS FROM BY-LAWS.

CHAPTER I—MEMBERSHIP.

SEC. 1. All members of the component County Societies shall be privileged to attend all meetings and take part in all of the proceedings of the annual sessions, and shall be eligible to any office within the gift of the Society.

SEC. 2. The name of a physician upon the properly certified roster of members or list of delegates, of a chartered County Society which has paid its annual assessment, shall be prima facie evidence of his right to register at the annual session in the respective bodies of this Society.

* * * * * * *

SEC. 4. Each member in attendance at the annual sesion shall enter his name on the registration book, indicating the component Society of which he is a member. When his right to membership has been verified by reference to the roster of his Society he shall receive a badge, which shall be the evidence of his right to all the privileges of membership at that session. No member or delegate shall take part in any of the proceedings of an annual session until he has complied with the provisions of this section.

Medical legislation is greatly desired by the American Medical Association; and Dr. C. A. L. Reed reports that it has been arranged to have a correspondent in every county in the United States to the end of securing such legislation as the association should desire.

Selections From Our Exchanges.

Conservative Surgery.

BY F. A. STILLINGS, M.D., CONCORD, N. H.

In saying a few words on the subject of conservative surgery I do not wish the term to be confounded with what might be called "cowardly" surgery. Surgery may be called cowardly when through fear of results the surgeon delays action too long. Then he may operate never so well, but the result shows that it is not conservative surgery.

Conservative surgery to me means the utmost endeavor to conserve limb as well as life. It is very rare that a deformed or mutilated hand, foot, or arm is not of more service than an artificial one. So I say to amputate a mangled finger, hand, or foot is not conservative surgery, if there is the slightest possibility of bringing the torn and severed parts together; and a possibility almost always exists if one has the courage to try.

Before the days of asepsis, what might now be called cowardly surgery was good conservative surgery, because then the surgeon strove principally to conserve life; his experience and that of his teachers showed him that in many cases where the extremities had been mangled, it was wiser to make what he considered a clean amputation than to attempt to save the limb, with the almost certain results of sepsis. Many of us can remember when a compound fracture was viewed with the greatest alarm, and rightly so, as septicemia frequently followed any attempt to conserve the limb, and a compound dislocation resulted almost invariably in amputation or death.

At the present time I cannot imagine any one amputating for a compound fracture of the leg or arm. No matter how much the wound is soiled at the time of the accident, it is always possible to so sterilize the bones and soft parts that the injured limb can be put in splints the same as though it were a simple fracture. Of course, suppuration sometimes follows as a result of the death of bruised tissues, but the pus is harmless, and readily makes its way out of the wound if it is ventilated. One of the many fallacies I was taught was that a bone stripped of its periosteum would become necrosed, and I have seen amputation done for this reason. Within the past few years I have become convinced that destruction of a portion of periosteum does no more harm than a wound of the skin, and is repaired in just as kindly a manner.

Before referring to several cases I would lay stress upon the fact that in order to make an attempt at conserving a limb, one must of necessity be in a position to do absolutely clean surgery.

Some time ago I was called twelve miles into the country to see a man whose right arm had been caught in the machinery of a portable wood-sawing machine. The left shoulder was dislocated, and the right arm bruised and mangled from the palm of the hand to the shoulder. An open wound on the palmar surface exposed the proximal ends of the metacarpal bones. There was a compound comminuted fracture of radius and ulna at the junction of the lower and middle thirds; the skin on the dorsal surface of the forearm was torn open for a distance of five inches, from which were protruding the jagged ends of the broken bones and ends of ruptured muscles. He was miles away from any physician, and his immediate surroundings were such that it was impossible to give him the necessary care to save the limb. The only thing to be done there was to amputate. I laid the matter before him and his

family, and he finally consented to being taken to the hospital, with the understanding that an effort would be made to save the arm. He arrived late at night, and with the assistance of Drs. Cook and McMurphy the whole arm was thoroughly sterilized; the ends of the bones were turned out of the wound and fragments removed. Both bones were then wired, the soft parts molded into shape, and an attempt made to close the skin, but it was found that so much of the skin was gone that this was impossible; so the arm was placed upon a splint and preparation made to treat it as an open wound.

In a few days considerable portions of the muscles necrosed and were cast out in the form of pus and sloughs. The daily treatment consisted of frequent irrigations of warm normal salt solution and keeping the arm in the best position to secure drainage by slinging it in a wire splint suspended from a cord running over pulleys and counterbalanced by a pail filled with just enough sand. He remained in the hospital seventy-three days, and when discharged the wounds were all healed except two small superficial ones, directly over the wired ends of the ulna and radius. The wire connecting the ulna has since sloughed out. A large amount of callus has been thrown about the fractured ends of the ulna, but the radius shows little signs of repair as yet. If callus is not formed about it soon, the silver wire will be removed and the ends of the bones freshened. The forearm is being carried in a cradle splint with the hand and wrist free. He is gradually regaining the use of the fingers, and will undoubtedly in time have a useful arm with deformity. This case suppurated freely, but by constant care there was very little systemic effect from absorption of pus.

The second case was a male, aged twenty. Left leg was run over by a loaded box car, four of the wheels going over him. Both bones were crushed from four inches above the ankle joint, up about four inches, and badly comminuted. The soft parts were torn open, muscles twisted and torn, and the wound filled with dirt. The bottom of the right foot was torn off down to the fascia, from heel to base of toes, merely hanging by the skin on outer side of the foot. The shock was so profound that Dr. Conn agreed with me that it was unadvisable to amputate that night; but after the wound had been thoroughly washed it was decided to make an effort to conserve both feet, as well as life. Both wounds were thoroughly sterilized, and the bottom of the foot was sewed on. It is as well to say here that this healed without incident.

After dressing the foot, sutures of chormicized catgut were passed through the periosteum at the ends of the fractured bones of the leg, and instead of shortening the leg by pushing the foot up enough to have the bones meet, the space was filled by shingling on or overlapping small pieces of bone an inch and a half or two inches long that were lying free on the wound. These were joined to each other by small silver wires. The leg was then enveloped in an antiseptic dressing and immobilized. Many of the pieces of bone used in the shingling were entirely stripped of periosteum, but they united, making a strong, good shaped leg. In this case a thin shell of bone about half an inch square was exfoliated, bringing with it one of the small silver wires. In about six months this man resumed work, and is at present a passenger brakeman, and no one to see

him walk would suspect he had undergone such a severe injury.

The third and last case I shall mention was a compound dislocation of the right ankle-joint; the lower ends of tibia and fibula being thrust through the skin and resting on the base of the toes when he was brought to the hospital. As the man worked in a tannery, the wound was as soiled as possible, the joint being filled with loose dirt. The limb and wound were first washed with soap and water, then with ether, and finally with a 1:200 solution of formalin, the interior of the joint being thoroughly douched. The dislocation was then reduced, and the wound closed with interrupted sutures of kangaroo tendon and covered with formalin compresses. The joint was immobilized by the application of a plaster stirrup splint. The dressings were removed the first time on the eight day, and union was found to be complete. The splint was not reapplied, and in about three weeks the joint was as mobile as before the injury.

A comparatively few years ago no surgeon would have been justified in attempting to save this man's foot.

In writing this short account of these severe injuries, I have had no thought of putting forth new ideas, but rather to encourage the younger men to attempt the conserving of limb as well as life, which in many cases requires more courage than simply to save life.—*Medical Age.*

Some Simple Therapeutic Expedients

To *Treatment* WYNTER contributes several suggestions in these lines and we abstract those that seem most useful.

Radiant heat from a red-hot coal fire, notwithstanding asseverations to the contrary, is effective in subduing the almost unbearable irritation of chilblains. The irritation is at its worst during about two hours in the twenty-four, and can be controlled for that period by holding each foot for a minute or two as near the fire as can be tolerated with considerable fortitude—steeping in very hot water approximates to this. The trouble recurs the next day, but can be abolished in the same way, and after three or four repetitions a cure is affected.

Relief of the itching in psoriasis and eczema has also been found by many patients to follow exposure of the part to strong heat, either of a fire, a lamp or water, and it is recorded of the Emperor Napoleon I. that he spent much time sitting in hot baths, for the relief of a life-long eczema of the thighs which caused him serious torment.

There is probably nothing which produces such unbearable irritation as pruritis ani, rendered more difficult to relieve by the comparative inaccessibility of the part. This, however, may be mitigated by the use of hot douches, the temperature being borne by some as high as 130° F. Where this cannot be arranged, the application of a hot cone, such as an inverted soda-water bottle filled with hot water, will serve instead. Though in all these cases relief is only temporary, it is greatly valued by the patient, and the rest from friction locally and respite to the nervous system ultimately lead to cure.

Another simple and effective means of applying dry heat, particularly to joints and surfaces, is afforded by sand, loosely enclosed in a flannel bag with linen lining, baked in an oven, and closely packed round the part. The effect lasts for half an hour, and is both comforting and curative in chronic joint affections and lumbago or mus-

cular rheumatism. On a more extensive scale the subjects of rheumatoid arthritis in Egypt spent hours buried in the hot sand with remarkable benefit.

Patients with pulmonary or cardiac diseases who are compelled by orthopnea to sit up in bed suffer much in addition to their other troubles from the discomfort and insecurity of their position. On an ordinary flat mattress, and perhaps more so on a feather one, the pelvis is flexed, and the weight received obliquely on the lower part of the sacrum and coccyx, which, owing to its irregularity and the thinness of its covering soon becomes sore. Moreover, the body, supported only by what the engineers term "skin friction," tends to slide away from support, the clothes become "ruckled," and he is only maintained in his precarious position by muscular effort and the frequent attentions of the nurse.

By placing a firm bolster across the middle of the bed below the mattress a double-inclined plane can be formed, like a Singapore chair, which with the pillows or bed-rest affords thoroughly comfortable and firm support. The weight of the body is then received through the ischial tuberosities in a line with the spine, without tendency to displacement and its attendant troubles, or any necessity for muscular effort. The abolition, too, of the flexure of the lumbar spine does away with the consequent compression of the abdomen and the sense of suffocation and oppressive flatulence which so often afflicts patients in this position. The bolster may be put in position while making the bed, otherwise it is best arranged by lifting the lower half of the mattress, and pushing it up from below till it meets and supports the buttocks. Those who have not attempted to sit up in bed for hours or perhaps days and night at a stretch can scarcely realize the effort and discomfort it involves and the amount of ease this form of support affords. Not the least of its benefit is the partial flexion of the knees with support, relieving the tension on the nerves and tendons at the back of the thigh, as well as the pressure on the heels, while the security from slipping downward permits the weight of the trunk to be freely transferred to the pillows at the back.

A very simple method of affording support to a patient sitting up for brief periods after an enfeebling illness is to pass an ordinary roller-towel round the back below the armpits, and make it fast to the head of the bed. This, of course, does not prevent him from slipping down, and involves more confinement of the chest than one suffering from respiratory difficulty would tolerate, but as a simple mechanical support in uncomplicated convalescence it is often useful. Sometimes convalescent patients when first sitting up in a chair suffer from pressure on the coccyx and sacrum, where there may be a bed-sore. This may be overcome by placing a square-edged carriage cushion or a large book wrapped in a shawl in the seat of the chair, so that the patient sits as on a bench.—*Therapeutic Gazette.*

Ergot in Alcoholism and Morphinism.

Dr. Alfred T. Livingston of Jamestown, N. Y., read this paper. Since he had read his last paper before the association he had had many patients, and among them many doctors. All victims of narcotics might be considered under the same class; it was not a disease, but these patients were simply victims of self-indulgence. Physicians should never prescribe narcotics, as most of the victims could ascribe

their first downward step to prescription by their family physician. Instead of morphine for insomnia, nervousness, etc., ergot should be given, and hypodermically for choice. In addition to ergot, cold to the head, galvanism to the spine or static electricity to the body generally, dry-cupping, and massage, applied by an expert, would be found to obtain better results in the long run than the immediate application of narcotics. When the narcotic patient came under the care of the physician, the best method was to stop the morphine at once; there was suffering for twenty-four to forty-eight hours but the hypodermic use of ergot would go far to relieve the suffering. If the physician had not the stamina to withstand the appeals of the patient, he might reduce the morphine one-half from day to day till on the eighth day it was totally suppressed; but the author preferred immediate suppression It was only in morphine subjects that this difficulty would be met with, as in alcohol patients the results were immediate and satisfactory. In all cases the remedies already suggested for ordinary nervousness would be found most efficacious and, if properly used would aid greatly in the rapidity of the cure. The cause of sleeplessness was undoubtedly too great dilitation of the blood vessels and consequent hyperæmia; ergot, by constructing the vessels, relieved the cause and therefore relieved the symptoms. Ergot was not therefore given empirically by Dr. Livingston as he had been accused of doing. Many pharmaceutical manufacturers were now making excellent sterile solutions of ergot for hypodermic use. It was better to give the drug hypodermically than by the mouth or rectum. The bowels should always be kept open, and the skin active, and alcohol, morphine, or other drug begged for should not be given. Fluid extract of buckthorn had been found of value. The diet should be fluid, but nutritious; beef extract to which the powdered fibrin had been added; water with the white of two eggs stirred in. The bowels should be cleared out with calomel and salts. If the gradual reduction plan had been decided upon, use the morphine phthallate, as the reaction from that salt is the least marked. Dr. Livingston stated emphatically that the facts in his paper were based upon personal experience and might be relied upon.—*New York Medical Journal.*

Corneal Ulcers.

Taylor writes in the *Pennsylvania Medical Journal* for June, 1904, an article in which he gives the following advice: He asserts that we may say of suppurating ulcers of the cornea that the majority of them never should have occurred. The inference from this would be: the best time to treat corneal ulcers is before you have them. Many of us are familiar with a picture that might be drawn by any one engaged in ophthalmic practice. There enters your office a patient with one eye covered, or partly covered, with a dirty rag or handkerchief, not fit even to cover an ulcer of the foot, much less so delicate a structure as the eye. You remove the covering, again wash your hands, and examine the eye, finding the conjunctiva intensely injected, the eye painful and sensitive to light, and a suppurating ulcer with irregular, excavated yellowish edges occupying some considerable portion of the cornea.

Inquiry reveals the fact that a week ago he was struck in the eye with a piece of coal, a stick, or some other missile, and either nothing whatever has been done for the wound, or that

it has been treated, or maltreated rather, by some home remedies or by some famous eye drops bought from a neighboring drug store. Inwardly wishing that the patient had seen fit to consult some one else, you proceed to do what you can for him. These are always serious cases, and no one is fond of treating them, though we often succeed in getting brilliant results under the most adverse circumstances.

Now, what should have been done with this patient in the first place, had he only had sense enough to place himself under medical treatment when his accident first occurred? Those of us who live in mining or manufacturing regions find occasion to treat many injuries to the eye, and among them many superficial cuts and abrasions of the cornea, and these are not dreaded by the oculist if he only sees them early, and has the opportunity to care for them at once. The same general principles apply that apply to any wound. Perfect cleanliness and perfect quiet are needed to allow nature to restore the injured member. This can be best acomplished by flushing the eye with a boric acid solution of mild bichloride, by intilling a few drops of one per cent. solution of atropine, and applying a sterile compress bandage. The latter serves a twofold purpose; first, if properly applied it keeps the eye quiet and prevents the irritation which comes from the rubbing of the eyelid over the wounded cornea; and, secondly, it serves to protect the eye from external infection.

The patient should be given a wash of boric acid and atropine to use at home, and should be cautioned as to the necessity for the utmost care in cleanliness in handling and treating the eye. If these lesser corneal wounds are treated at once in the simple manner just detailed there would be very few suppurating corneal ulcers. It is this simple prophylactic treatment that should be borne in mind by those not especially engaged in eye work, but who as general practitioners are often first consulted when the injury occurs.

But too often these injuries are neglected entirely and left exposed to infection from without until the suppurating process is well under way. What shall we do for them now? Very many remedies have been tried, and different ones have been found useful in the hands of different ophthalmologists. There is one remedy of more value than all others in arresting the suppurating process, and to this the author gives preference. He refers to the galvanocautery. When a patient presents himself with a bad-looking suppurating ulcer, its floor covered with dirty-yellowish exudation, the edges of the ulcer showing a tendency to extend, the eye generally red and painful, and with hypopyon commencing in the anterior chamber, that ulcer ought to be cauterized thoroughly. A thorough flushing with boric acid solution, instillation of cocain, and a drop of fluorescine to mark the boundaries of the ulcer should first be used.

Then, with the electrode at red heat, the floor edges could be thoroughly touched. The author does not believe in opening the chamber with the cautery as advocated by many, as he does not think it necessary, though he had two excellent results with accidental puncture. The eye should now be bandaged and atropine and mild antiseptic solution used three or four times daily. —*Medico-Chirurgical Journal.*

Auto-Suggestion.

A man of Chicago died of hydrophobia because his little dog was bitten by another dog which was supposed to

have rabies. The man was entirely untouched, and the dog was unharmed by the bite. But the man who loved the dog so constantly feared that his pet would be overtaken by the disease that he was attacked by himself, and dies as the result of "auto-suggestion." So at any rate the doctors say. And the case is by no means without precedent. Once people would have said simply that the man scared himself to death over the dog. It is only another way of putting it. That, apparently, is the way in which most of the human victims of rabies die. Bitten by an animal which may be perfectly healthy, they produce not only the symptoms, but the effects of the disease by turning the whole current of their thinking and being into one terrible channel. Normal existence for them ceases, and an intense perversion of the faculties ends life itself. Perhaps if men had not minds capable of working them moral ill in this way, they would be without the opposite power of perfect prepossession in good work, or self-forgetfulness in their devotion to a worthy object. That is a good side of this subject of auto-suggestion. Its good effects far outweigh the evil results of the perversion.—*N. Y. Mail.*

Some Practical Points on the Use of Cocaine in the Ear, Nose, and Throat Practice.

By J. F. Barnhill, M. D.,
Indianapolis, Ind.

After considerable experience with this drug, I am led to the conclusion that cocaine is of no curative value in any disease of the air passages. I am convinced that it is often not only worthless, but harmful. Its only two uses, I believe, are, to anæthetize the parts and thus give opportunity for operative work or thorough examination. The practice of spraying cocaine solutions into every nose that is treated is a bad one, and results in harm to the patient. It is always necessary at the first examination to use a small amount of the drug, because at this time every pathological condition present should be determined and recorded and this cannot be done unless the sensibility of the membrane is considerably obtunded.

Alkaline solutions are universally used for cleansing the nose and throat. Such solutions precipitate cocaine and render it inert, or at least greatly lessen its anæsthetizing power, and the cocaine is therefore not only wasted, but becomes ineffective. If, therefore, Dobell's or any like solution is previously used, cocaine should not be employed on the same membrane until first the alkali is neutralized. Normal salt solution is compatible with cocaine, and makes an excellent preparation to use for cleansing purposes when cocaine is to follow it. If an alkaline solution must be used, it is well to follow it with either normal salt solution or distilled water. In this way the operator is assured that he will get the full benefit of the cocaine, and therefore much less of the drug is necessary to accomplish the same purpose. It is seldom necessary to spray a cocaine solution over the entire nasal mucous membrane except for the purpose of examination. If operative procedures are to be made, it is immensely wiser to use a strong solution and apply it directly to the part upon which the operation is to be made. By following this rule I have seen but two patients who have been affected at all unpleasantly by this drug. Crystals of cocaine can be applied pure to an area prepared for operation provided it is not too extensive, and that the drug

is not allowed to spread. Such application should also not be allowed to remain long until the operation for which it is used has been made. Thus in the dissection of imbedded tonsils, I not infrequently apply pure crystal of cocaine around the tonsil, and to the adherent parts previously to doing the dissection and snaring. I believe this a safer and more painless method than to use a ten to twenty per cent. solution applied to the whole tonsil. I do not permit these crystals to remain longer than a few minutes before beginning the operation, at which time the cocaine is removed with the mass, or through the bleeding surfaces. In such use of this drug on the tonsils, I have never seen a case of ill effect resulting.

Quite a little in a practical way can also be said in reference to the preparation of cocaine solutions. It is well known by all who have occasion to use this drug that it deteiorates after its solution in water. Therefore several antiseptics have been added to it for the purpose of preventing such decomposition. The one I use most frequently is sodium chloride in the form of normal salt solution. Quantities to last more than forty-eight hours should not be made up in this way, since this solution may be termed a weak antiseptic and therefore of rather poor keeping qualities. If it seems desirable to make it up in larger quantities for the purpose of keeping a longer time, resorcin in four per cent. watery solution is far better. Although cocaine loses its strength in a marked degree, it does not entirely do so often after a long time. One of my patients recently exhibited a little bottle of the solution which I had prescribed for her six years previously, and which yet had considerable anæsthetic properties.—*Medical and Surgical Monitor.*

Is a Large Practice Advantageous.

Under this title we find the leading editorial for July, 1903, in the *St. Louis Medical and Surgical Journal.* In it the writer declares somewhat in favor of a large practice, provided the work done is paid for. The point is made, however, that it cuts the physician off from opportunities of perfecting himself, and even of keeping himself abreast of the times. He also sacrifices all kinds of social pleasures, and is apt, in due time, to be worked to death. Besides this, he neglects his patients by giving each insufficient time, in addition to being less competent than he would be did he devote some time to study. This results in faulty diagnosis, imperfect treatment, and bad general results. Such an individual will find it increasingly difficult to get and retain new patients, although likely to hold his old ones, meanwhile gradually descending along that inglorious path that leads him into the valley of the much-pitied class of "moss-backs." Practice is likely to steadily diminish. Finally he realizes that he has neglected to continue his studies, and that he must start out afresh to get a new lease on practice. "It is no longer the obtaining of a large practice, but rather of a good one, that is the object." Medical men are gradually beginning to realize that a large practice is a great disadvantage. Many look upon it as a boomerang, and raise their prices for the purpose of lessening their work without diminishing their pay.—*Medical Council.*

Russian officers bribe doctors appointed to examine them after their cure and to report as to their fitness for further services. Lack of enthusiasm for fighting the Japs, states *London Times,* makes them eager, if possible, to escape service.

The Treatment of Menstrual Disorders, with Special Reference to Cases in Women Suffering from Mental Diseases.

By George S. Walker, M. D., Staunton, Va. First Assistant Physician in charge of Female Department, Western State Hospital, Staunton, Va., Etc.

The connection between disorders of menstruation and disorders of the brain and nervous system has long been an established fact. The dependence of the psychic functions of women upon the menstrual function; the effects of the menopause upon mentality, are all subjects that have received the attention of clinicians for many years. It is a well-known fact, correlated to the peculiar connection between the mind and the sexual apparatus, that amenorrhea is not infrequently met with in the insane. The problem as to how to treat insanity is one of the most difficult in therapeutics; and in the modern conception of this treatment all agents that tend directly or indirectly to further the equilibration of the mental functions have a legitimate place.

One of the most difficult phases of this problem is the treatment of the menstrual disorders in insane women, and the importance of correcting any such disorders, in this class of patients is realized by all who are aware of the fact noted by numerous clinicians, that the improvement of the menstrual function leads to a marked amelioration in the mentality of these patients in very many instances.

In an institution like the hospital with which I am connected, we naturally come face to face frequently enough with the question of treating the amenorrhea that is noted as an accompaniment of mental disease, and for a long time I have been experimenting with various therapeutic agents recommended for the treatment of menstrual disorders without obtaining perfect satisfaction from any, until I tried the method of treatment which I am about to describe.

What I was looking for was a safe and efficient emmenagogue, which gave positive results in cases of amenorrhea, dysmenorrhea, and suppressed menstruation, without either exciting or depressing the patient, without causing any disturbances on the part of the digestive tract, or the urinary tract, such as are met with in the use of most of the remedies classed as emmenagogues.

I knew that Apiol, the active principle of Apium petroselinum, Linne (Parsley), was a substance that had been long known to possess marked emmenagogue properties, but that had not been used extensively in this country on account of certain unpleasant after-effects connected with its administration. On investigation, I found that Apiol was first isolated by Joret and Homolle in 1855, and was at first recommended for malaria, as a substitute for that specific of specifics—quinine. Later its emmenagogue virtues became known, but it found far less favor in this country than in France, the American physicians being especially prone to reject any remedy that has disagreeable after-effects. Apiol seemed to me the ideal emmenagogue, and I was even tempted to try it, administering it in some way as to neutralize its irritant action, when I came across a statement in an article on the subject, to the effect that the Apiol of the market, no matter where purchased, was full of a series of impurities, and that the bad after-effects of this drug were due to these impure elements.

The ordinary Apiol of commerce, it

Thus, Sutton and Giles, in their work on the Diseases of Women, point out that "If such a case menstruation comes on again, the mental condition often Improves."

seemed, was simply a mixture of impure principles obtained from parsely by extraction. The question was, therefore, to obtain such a preparation of Apiol that eliminates the impurities that do the harmful work of the ordinary preparation. A number of chemists, in various countries have tried to purify Apiol with varying success, but finally, within the last few years a pure product was obtained. It seems that the preparation which contains the purest product obtainable, which was prepared by the new process mentioned, is a pharmaceutical compound known as Ergo-Apiol (Smith). Seeking, as I said, preparation of Apiol which would give satisfactory results in amenorrhea, dysmenorrhea, and suppressed menstruation, especially in the insane, and that would not produce any undesirable after-effects, I determined to try Ergo-Apiol (Smith), a liquid substance dispensed in gelatin capsules, which contains the pure Apiol described above, and in addition to a combination of emmenagogues that immediately appealed to me as calculated to enhance the efficiency of the whole remedy, namely ergot of rye, oil of savin and aloin.

I selected a series of cases in the hospital, each of which was characterized by a more or less pronounced menstrual disorder of some standing, and administered no other medication for the treatment of the disordered menstruation than Ergo-Apiol. I cite, in illustration, two cases in which the remedy in question was employed. They are simply examples of the experience I had with it.

Case I.—Miss V. F. Aged twenty-one years. Was admitted June, 1901. She said that she had not menstruated for nearly a year, and attributed her suffering in body and mind to this fact. She was despondent, and on the verge of committing suicide. The reflex effects of the uterine disturbance were also manifested by the derangement of function in nearly all the organs. There was entire loss of appetite and a practical cessation of digestion, accompanied by pain after eating. In October, 1901, I began to give her two capsules of Ergo-Apiol (Smith) three times a day until after her expected periods, without any effect. During the month of November I gave her two capsules three times a day, and continued the treatment until December 12th, 1901, when her menstruation returned in a perfectly normal manner. No unpleasant after-effects whatever were noted at any time during this treatment. She improved both mentally and physically during the time of taking this emmenagogue, and her condition was so remarkably ameliorated that she was discharged cured when the menstrual function had been re-established.

Case II.—Miss M. B. S. Aged twenty-four years. Has been suffering from amenorrhea for a year, which persisted in spite of all treatment. She was melancholy, and had a very poor appetite and other disturbances due to her suppressed menstruation. In November, 1901, I began giving her two capsules of Ergo-Apiol (Smith) three times a day. I continued this treatment without any appreciable effect, except that the patient seemed to feel more comfortable, and at certain times during the month she experienced the subjective sensations accompanying the onset of menstruation. Finally, her menses returned on April 21st, 1902. The menstruation was perfectly normal. One week before the next succeeding period I gave her two capsules of Ergo-Apiol (Smith) three times a day, and when the time came for the onset of the flow it appeared in a normal manner.

The remedy was continued in doses of one capsule three times a day while the flow lasted. Since the re-establishment of her normal function the patient has gained both mentally and physically, and regained her mental balance and her usual cheerfulness, so that she was discharged as cured.

From my experience with Ergo-Apiol (Smith) and from the experience of a number of other observers, whose findings are published in the literature of the past few years, this remedy represents an emmenagogue of the highest type of efficiency combined with the inestimable advantages of safety, trustworthiness and abscence of any unpleasant after-effects. It is probable that Ergo-Apiol owes its efficiency to the particular type of Apiol that it contains, the pure product from which all irritating and injurious impurities have been removed. But it is unquestionably also the accessory remedies, which enter into the combination that contribute to the efficiency of the whole. Ergo-Apiol was easily and agreeably taken by all the patients to whom I administered it, and in no case was there any nausea, erutation, or any other gastric disturbance. Unlike most other emmenagogues, it requires only small doses continued for a comparatively short time to bring about the desired therapeutic effects upon the menstrual function in amenorrhea, but also a tonic effect upon the muscle fibres of the uterus, for after it has been administered for a few months, the uterus is almost always able to resume its function without any further aid from external sources.

In conclusion, I may note the fact that the treatment of amenorrhea in the insane is always a matter of greater difficulty than in persons with normal minds, and that a remedy that produces perfect therapeutic results, such as I have noted with Ergo-Apiol (Smith) in insane women, may be expected to perform the same services even more promptly in the average case of amenorrhea as met with in ordinary family practice. This is proved conclusively in the numerous cases reported by various observers who employed Ergo-Apiol (Smith) in menstrual disorders, and a partial list of whose publications appear in annexed bibliography. Ergo-Apiol in the shape of capsules administered three times daily in doses of one or two, beginning a little before the expected menses, and continuing through the period, has proven the most efficient, prompt, safe, and pleasant emmenagogue that I have ever employed. My experience with the drug was such as to lead me to adopt it as a routine treatment in amenorrhea.

A Famous French Wine.

M. Emile Gautier director of *La Science francaise et la Science pour tous,* and an eminent French writer on science, has written and published over his own signature, in the French journal *Le Fiagro* for December, 1, 1904, a descriptive article of the famous "Chateau Mariani"—by which title Vin Mariani is known to connoisseurs abroad. The comparison this scientific critic makes, with his native French wines, in favor of Mariani Wine, may be accepted *ex cathedra,* as it is voluntary and impartial.

* * *

M. Gautier calls attention to the fact that Mariani Wine is essentially and above all a "true wine," famous among the best wines of France. Its natural bouquet, far from being changed by the delicate aroma of Coca, gains by such alliance, to form a combination of which the inimitable characteristics are

peculiar to the special expertness of M. Mariani. The author, in referring to the reasons for the great popularity of wine, endorses those qualities which have kept Vin Mariani before the medical profession for so many years. He says: "It is well known that the uniformity and reliability of Mariani Wine is not equalled by any of the other grand wines of France, and many gourments, who are accustomed to the finest vintages, demand 'Chateau Mariani' by preference."—*Coco Leaf*, 1905.

Opinion Based on an Experience of Over Twelve Years.

Sanmetto is an excellent preparation and in my opinion the best medicine of the kind to-day in the market. I have used it for over twelve years, and always with benefit. I have arrived at the age of 67 years, when the plague of old men—enlarged prostrate—is apt to annoy me, showing itself in frequent miturition, stoppage of urine, etc., etc. I intend to use Sanmetto on myself. I received some literature on Sanmetto this morning. I enjoyed the piece of poetry from my old friend, Eugene Field. It is very appropriate.

J. M. CAMPBELL, M. D.
Brooklyn, N. Y. City.

Quinine Without Ebriety.

When two such well known drugs as antikamnia and quinine are offered to the profession it hardly seems necessary to indicate the special classes of affections which call for their use. Antikamnia is unquestionably a perfect substitute for morphine for internal administration. It has complete control over pain, while it is free from the undesirable after-effects of the alkaloid of opium. In cases of malarial fever the combination of antikamnia and quinine should be given as a prophylactic and cure. For all malarial conditions, quinine is the best remedy we have. But, associated with this condition, there is always more or less pain, and antikamnia will remove these unpleasant symptoms and place the system in the best condition for the quinine to do its work. There are a number of ailments, not closely defined, which are due to the presence of malarial poison. All such conditions are greatly benefited by the use of "Antikamnia and Quinine Tablets," each tablet containing 2½ gr. antikamnia and 2½ gr. sulph. quinine. The antikamnia in these tablets not only relieves the pain, but prevents the ebriety or ringing sensation produced when quinine is administered alone. In headache (hemicrania), in the neuralgias occurring in anaemic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition, the regular administration of these tablets is indicated.—*Medical and Surgical News.*

"Fake" and Injurious Medical Advertisements.

The resolution introduced by Dr. S. S. Crockett, of Nashville, at the recent meeting of the State Medical Association, embodying some highly commendable additions to the regulations of the practice of medicine and calling for more rigid regard for the ethics of the profession, contained one provision of great public interest, and which, above all others, should be approved and adopted. We refer to the section of the resolution which demands the passage of a state law prohibiting the publication by any so-called doctor or firm, in or out of the State, or the circulation of "advertisements of a suggestive nature, such as tend to injure the morals of the public." We regard the attitude of the

association in this point as in the interest, not only of the public health, but of the public welfare. Many newspapers devote column after column to exploiting the merits of freak methods and deleterious nostrums and compounds, illustrating the same with offensive and suggestive pictures and employing the most prurient and sensuous language in exploiting the things those compounds can do for humanity. Not only do such publications offend against decency and tend to corrupt the morals of certain classes of people, but they "fake" and mislead the public and cause many unfortunate people who cannot afford it to waste their meagre earnings on the most worthless "slops" and oftentimes highly injurious concoctions. Newspapers of the better class are closing their columns against these meritricious medical fakirs, in response to the demand of decency; but it seems from the report of the doctors that it will require stringent laws to reach the other kind, who look only to the effect of such advertisements on the counting room.—*Daily Medical Journal.*

Listerine Dermatic Soap.

The Lambert Pharmacal Co. has lately inaugurated a new venture in the way of an antiseptic soap which possesses the virtues of Listerine in so far as a soap may. It is only a matter of recent years that especial attention has been given to producing soaps which shall possess a degree of curative power in diseases of the skin and in the care of surgical conditions. A considerable variety of such soaps is now on the market and the mission of the lot is wide; it is safe to say that Listerine Dermatic Soap will prove one of the most serviceable, and will soon make for itself a popularity with the profession in keeping with that which has been established by Listerine.—*Medical Fortnightly,* Jan. 25, 1905.

The Journal of the American Medical Association is perfectly correct when it states editorially in its issue of April 8, 1905, that its own observation of medical literature indicates that echinacea is being used far more than formerly, as Ecthol (Formula:—Each fluid drachm contains 28 grains echinacea augustifolia and 3 grains thuja occidentalis) has grown into almost universal use among physicians of all countries since it was first introduced to the profession some 5 years ago. Discussing echinacea in a recent issue of the Louisville *Monthly Journal of Medicine and Surgery,* Dr. C. S. Chamberlin, of Cincinnati, writes as follows: "In my own experience, the results attending the use of echinacea have convinced me that there is no remedy of so great value in the treatment of cases of septic infection, and I have repeatedly used it in the cases of septicemia following wounds of the extremities, which I am confident, by any other means of treatment, would have resulted in the loss of the limb and possibly of the life of the patient." He further recommends it to eliminate toxins and to altar conditions which favor suppuration and inflammation, as in the case of abscesses, ulcers, gangrene, bites of venomous insects and reptiles, tonsillitis, the exanthemata, eczema and psoriasis.

France drinks the most wine, and Belgium the most beer. The United States, as a consumer of alcoholic drinks, runs far behind most countries.

Remember the meeting of the North Carolina Medical Society in Grensboro May 23-25th.

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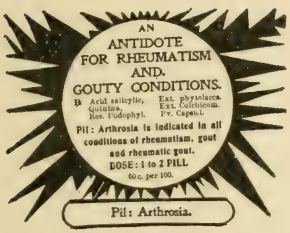

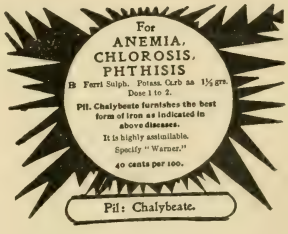

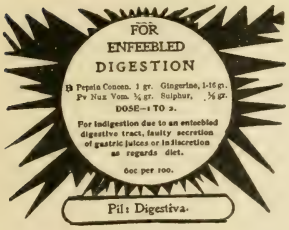
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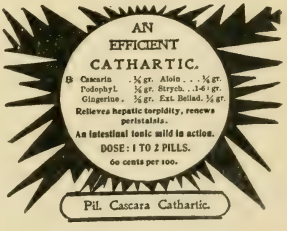
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KAMALA.

Kamala is another preparation recommended. It is a fine granular powder, inodorous and tasteless. It can be administered in one to two-dram (4.-8.) doses of the powder, or in the form of the tincture. Age impairs its efficiency. It is sometimes given combined as follows:

R.

Kamala ... ...gr. xx 1|30
Pelletierini tannatis ... ...gr. ii |12
Confect. sennæ.. ... ...zss 2|

M. Sig.; The entire amount at one dose after fasting. This amount may be given to a child of 8 to 10 years.

MALE FERN (ASPIDIUM).

This preparation is usually the one relied on for the removal of tapeworm. The crude drug is never used, but in its stead the oleoresin, given in doses ranging from dram one-half to two (2.-8.). The ethereal extract is less frequently given. This is prepared by evaporating the oleoresin at a very moderate heat in the oven; therefore, its dose is somewhat less than the oleoresin. The latter is best given dropped in capsules and administered in divided doses fifteen minutes apart. It is very essential that a fresh preparation be used. The fresh oleoresin is greenish in color.

Male fern may be given combined with oil of turpentine as follows:

R.

Oleoresin aspidii ... ...dr. 6|
Olei terebinthinæ (rect.).gtt. xx 1|30
Spts. chloroformi .. ..m. x |65
Mucil. acaciæ q. s. ad... ...dr 30|

M. Sig.: Shake well and take one-half the amount at night after fasting, and the remainder the following morning, followed in one hour by a brisk purge. Or:

R.

Oleoresinæ aspidii ... .dr. 6|
Olei peponis express ... ...dr. 15|
Olei trebeinthinæ ... ...gtt. xx 1|30

M. Sig.: To be taken at one dose after fasting, followed by a purgative. Or:

R.

Ext. filicis ether ... ...dr. 6|
Pulv. kamalæ ... ...dr. 8|
Mucil acaciæ ... ...|
Syr. simplicis, aa q.s. |
Aq. cinnamoni q. s. ad... ...dr. 90|

M. Fiat emulsio. Sig.: One-half the amount to be taken at bedtime and the remainder in the early morning.

CUSSO.

Cusso is recommended, given in the form of the infusion, two or three drams (8.-12.) to four ounces (120.) of boiling water and allowed to cool. It may be given in the powder form combined with male fern as follows:

R.

Pulv. cusso (kousso) ... ...dr. 8|
Ext. filicis maris ether... ...dr. 4|

M. Fiant capsulæ No.xxiv. Sig.: Four to be taken every fifteen minutes.

Pregnancy is a positive contraindication to the administration of cusso.

THYMOL.

Thymol is recommended by some autors as a very efficient teniacide, given in capsules of combined as follows:

R.

Thymol ... ...dr. 6|
Sacchari ... ...dr. 8|

M. Fiant chart. No. xii. Sig.: One powder every thirty minutes, followed by castor oil.

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or impaired and the ordinary foods arouse no desire for eating, the gastric functions are correspondingly affected; for, according to Pawlow, appetite "is the strongest of all stimuli to the digestive glands."

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PRACTICAL PEDIATRICS. A Manual of the Medical and Surgical Diseases of Infancy and Childhood. By Dr. E. GRAETZER, Editor of the "Centralblatt Fur Kinderheilkunde" and the "Excerpta Medica." Authorized translation, with numerous Additions and Notes, by HERMAN B. SHEFFIELD, M. D., Instructor in Diseases of Children, and Attending Pediatrist (O.P.D.) New York Post-Graduate Medical School and Hospital; Visiting Pediatrist to the Metropolitan Hospital and Dispensary, etc. Pages XII-544. Crown Octavo. Flexible Cloth, Round Corners. Price, $3.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

This volume is particularly attractive in classifications and in the elimination of tedious tables and threadbare descriptions. It presents more, in the same space (500 pages), practical clinical and necessary pathological and bacteriological data and essential details of etiology and diagnosis than any work that we have seen on this subject. This book is from the pen of the celebrated pediatrist, Dr. Graetzer, and is translated by Dr. Sheffield of the New York Post-graduate School, who adds many valuable notes in the various chapters. The strong point of the book is that special stress is laid upon the deviations of the disease from their typical course; these deviations are often especially baffling to the best medical men. The paper is of excellent quality, print full and clear and binding neat and flexible, and a credit to the well-known publishers.

MODERN OPHTHALMOLOGY, a Practical Treatise on the Anatomy, Physiology and Disease of the Eye, by JAMES MOORES BALL, M. D., Professor of Opthalmology in the St. Louis College of Physicians and Surgeons, with 417 Illustrations in the Text and Numerous Figures on 21 Colored Plates, 820 Pages. Cloth, $7.00 net. Half Morocco, $8.50. F. A. Davis Company, Philadelphia, Pa.

This excellent work is one of the best on its subject that has reached our desk. The author, a successful and gifted teacher of ophthalmology, has written his book in a manner suggested by his experience in teaching, his aim being to produce a work *which shall teach* ophthalmology, and with that object in view he has combined embryology, anatomy, physiology and diseases of the eye in his book. In the clinical portion of the book congenital anomalies are taken first, then tumors, inflammations, and digenerations, injuries and operations are combined in the order named.

The reviewer has carefully examined this volume and cannot say too much in its favor. The author writes in a style that is delightful; his statements are clear and concise and easily followed.

The whole ground is covered so thoroughly that the student and general practitioner will find in this volume all they need, while the specialist will need it to bring his knowledge up to date. The cuts are excellent, the colored plates unexcelled, the type of the proper size and the paper of the best. In short, the publishers have very evidently done their best to make the mechanical part of the work perfect, and the author, with the aid of his co-workers, has given the profession a text that is unsurpassed.

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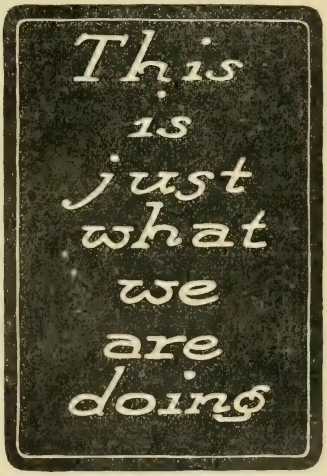

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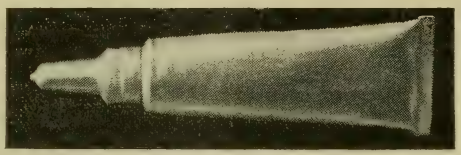

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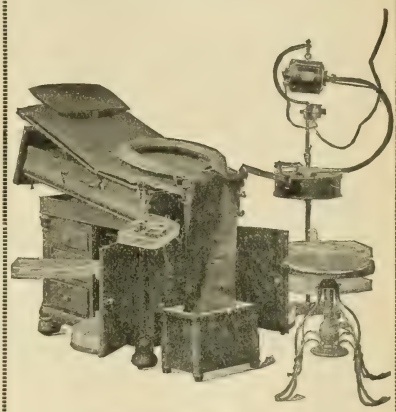

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Richard Kretz, M.D., Vienna; with Regular Correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels, and Carlsbad. Vol. I., Fifteenth Series, 1905. J. B. Lippincott Company, Philadelphia and London, 1905.

Volume first of fifteenth series, *International Clinic,* comes to us with its usual richness and fullness of subject matter. It can with truthfulness be said that each number is worth more than double its selling price and that every progressive physician should have on his desk this publication as regularly as his favorite medical journal. Under the heading of "Medicine," there are the following attractive articles: "The Corbohydrates of Human Urine in Health and in Disease," "The Eye and Hand in the Diagnosis of Heart Disease," "The Early Diagnosis of Heart Disease in Children," "Aortic Stenosis," Adherent Pericardium," "Intestinal Adhesions and the Report of Hepatoptosis," all fresh from the minds of prominent workers. The other sections of Treatment, Surgery, Neurology, Obstetrics and progress of medicine are equally full and authoritative. Those who wish a great deal of the best under one cover, systematically and well said will find it in the *International Clinic.*

THE INTERNATIONAL MEDICAL ANNUAL, a Year Book of Treatment and Practitioner's Index. Contributors: Prof. A. H. Carter, M.D., F. R.C.P., Frank J. Charteris, M.B.,Ch.

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This, the 1905 International Medical Annual, has outgrown its original form, and appears in a larger size (600 pages) both as to page and print and we congratulate the publishers upon this evidence of success and progress. While intended primarily as a work for reference we think those who read it in entirety will be amply rewarded.

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Conservative Gynecology and Electro-Therapeutics. A practical treatise on the diseases of women and their treatment by electricity. By G. Benton Massey, M.D., Attending Surgeon to the American Oncologic Hospital, Philadelphia; Fellow and ex-President of the American Electro-Therapeutic Association; Member of the Societe Francaise d'Electro-Therapie, American Medical Association, etc. Fourth edition, revised, rewritten and greatly enlarged. Illustrated with twelve (12) original, full-page chromo-lithographic plates; twelve (12) full-page half-tone plates of photographs taken from nature, and 157 half-tone and photo-engravings in the text. Pages XVI-468. Royal octavo. Extra cloth, beveled edges. Price, $4 net. F. A. Davis Company, Publishers, 1914-16 Cherry street, Philadelphia.

There is no one in America better qualified than Dr. Massey to speak of the application of electricity in gynecological affections. He has had many years of experience in this work and is an enthusiast on the subject. To those who are wedded to this part of treatment, the book will be of the greatest interest and value. It contains, as described, 468 pages, of which perhaps 68 are devoted to what the author calls "conservative gynecology." This part might have been omitted altogether, as far as the mission of the

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work is concerned, and the 400 pages on "electro-therapeutics" would remain as a most excellent treatise. The illustrations are artistic. H. A. R.

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In the instalment of "Frenzied Finance" in *Everybody's* for May, Mr. Thomas W. Lawson throws light on a detail of "Standard Oil" methods:

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MEDICAL NEWS AND ITEMS.

North Carolina Medical Society.

This society, which now numbers over 1,000 members, will hold its annual meeting in Greensboro on May 23-24-25, and from indications now on the surface the meeting will have the largest attendance in the history of the society.

The Benbow-Guilford hotels will be the "stamping grounds" of the members and visitors, with accommodations for all who may be present. A good programme is being arranged. The usual reduction in railroad fare and hotel rates have been arranged for. Ye busy men who daily wield the scalpel or dole out pills and powders, take a few days off and meet your brethren. They will do you good and you them.

(*Clipped Largely from the Medical Age.*)

Isthmus sanitary work, declares Dr. Nicholas Senn, has greatly improved the condition of the cities of Panama and Colon, and has reduced the liability to yellow fever and other infections by draining the land in the region of the canal zone. Colonel Gorgas is in a great measure to be thanked for this result.

Scalding in a nursery bath is an accident which happens rather too frequently. It is oftentimes caused by great hurry. An excellent, but careless, physician, some time ago, sat an infant with convulsions in a washbasin on a hot stove. The water was not hot; but the infant was allowed to rest on the bottom until its legs and buttocks became dreadfully burned. A prosecution resulted.

Drinking as much water as possible, a practice often recommended by physicians, without considering the condition of the heart, circulation and the kidneys, cannot be too strongly condemned, states New York *Medical Journal.*

Professor Chaveau announced, says a medical exchange, in a recent communication to the *Parisian Academie des Sciences* that radium emanations have the property of destroying the toxicity of serpent venom. Viper and cobra poison, if submitted to the action of radium, is said to lose its virulence after fifty or sixty hours of exposure.

Professor V. Hansemann has made a post-mortem examination of the body of Adolph V. Menzel, the great German painter, who died of influenza on February 9 at the ripe age of eighty-nine, and this examination has revealed two interesting facts; first, that Menzel, like Helmholtz, was hydrocephalic, and secondly, that he had at one time suffered from tuberculosis, traces of completely healed tuberculosis having been found.

The alcalde of Madrid, who, at least in sanitary matters, is decidedly progressive, has isued an order for the disinfection of churches. This order which is based on a report from the director of the municipal laboratory, prescribes that all the churches of the Spanish capital are to be swept out daily with sawdust moistened with a solution of copper sulphate. All the fittings and furniture of the churches—chairs, benches, confessional, holy water fonts, etc.—are to be disinfected every day.

A medical poo-bah has, it seems, been provided for by a Maryland law to the effect that the resident or attending physician of any institution might, on application to the county commis-

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sioners, be appointed a sub-registrar of vital statistics, with the authority to grant permits for the burial of persons dying in such institutions. One man might thus be invested with the right to attend the sick, to make death certificates and to authorize the final disposition of the dead. Certainly such an arrangement would be compromising; the dishonest could make it a ready aid in the concealment of crime.

The widow of a French naval officer, according to the *Journal of the American Medical Association,* has appealed to the government for a pension, asserting that her husband's two years of duty on submarine boats had been the cause of his death. Her petition stated that the conditions of life on a submarine boat entailed endemic affections, and her husband succumbed to rheumatic endocarditis, which she attributed to this cause. The courts decided in favor of the assumption of endemic affections on submarine boats, and awarded her the desired pension.

Madame Robineau, who lately entered on her 105th year, is said to be living in perfect health in the quarter of the Etoile, Paris. She was recently visited by Professor Metchinkoff, in reply to whom she said she had no secret; she lived in the ordinary way, and had never thought of adopting any special diet, not even the "sour milk," which the Russian scientists look upon as the elixir of life. We also gather that the old lady has contrived to overpass her century of years without parting with her colon. The most recent municipal statistics, coming down to the end of 1904, show that there are now in Paris two men and three women more than 100 years old. There are no fewer than 530 over 95.

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Says an exchange: In the three months of July, August and September of last year the railroads of this country did damage to life and limb which the Interstate Commerce Commission, in its report for that quarter just published, describes as "the most disastrous on record." The number of employes killed was 756, a slight falling off from the previous quarter, but the railroads killed 228 passengers in train accidents in that period. Not fewer than 217 persons were killed in six of the train accidents of the summer quarter of 1904. The worst accident was one in which 88 persons met death. In the quarter the total of derailments and collisions reached the number of 2,760, and the damage to cars, engines, etc., mounted up to $2,439,073. When accidents due to all causes with which the railroads are concerned are included, such as a person falling while getting on or off trains, employes being hurt while coupling or uncoupling cars, etc., the total number of casualties reaches 14,239, of which 1,032 had fatal endings, and 13,207 represented injuries of more or less severity.

Yellow fever is now considered to be banished from Cuba. This result was mostly due, states Dr. Carlos Finlay, to two commissions from Washington, the second of which, five years ago, established decisively the true etiology of the disease. At the annual meeting of the American Public Health Association at Havana, Major Gorgas was most justly praised. He succeeded within seven months in riding Havana of her inveterate enemy.

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At present there is in Glasgow one Captain Vetrio, who styles himself the "poison-proof man," giving exhibitions in one of the places of entertainment of his ability to swallow lethal doses of certain poisons, such as strychnine, phosphorus, and so on, with apparent impunity. With these we are told he varies his menu by eating glass and flower pots. Before he made his first public appearance a number of medical men responded to his invitation to meet him in the Windsor Hotel, where he swallowed half a grain of strychnine in their presence, and also, we are told, partook in quick succession of considerable doses of Paris green, indigo blue, verdigris, and so on without evil effects. This demonstration, we are further told, concluded by Captain Vetrio eating a considerable portion of a stick of phorphorus. He invited medical men to bring their own poisons. A letter appeared in the *Glasgow Herald* pointing out the responsibility resting with any medical man, from a medico-legal standpoint, who should, in the event of this man's death, have supplied him with the poison.—*Medical Press.*

The Cuban Congress has passed a bill appropriating a sum of $135,000 for the immediate sanitation of the cities of the island. The Special Committee of the Senate on Sanitation recommended measures granting all municipalities $2.16 2-3 per inhabitant for city cleansing and sanitation, with an additional 10 to 20 per cent. for the larger towns, according to population and importance. The appropriation bill was passed by the House by a vote of 23 to 15, and the recommendation of the Senate Committee for a grant to the several cities was informally approved.

Remember the meeting of the North Carolina Medical Society in Greensboro May 23-25th.

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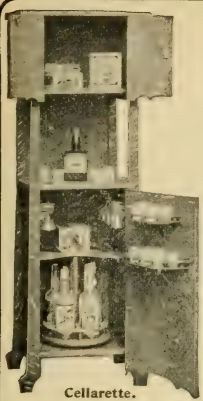

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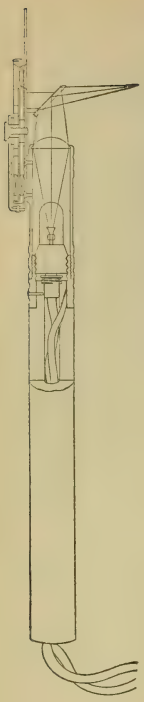

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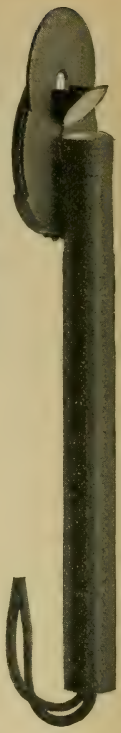

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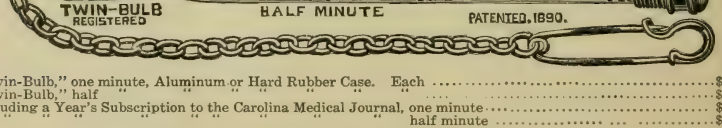

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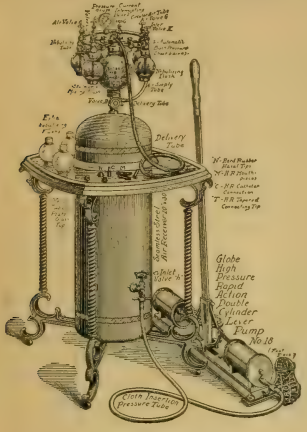

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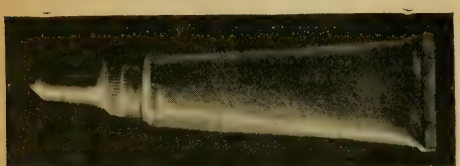

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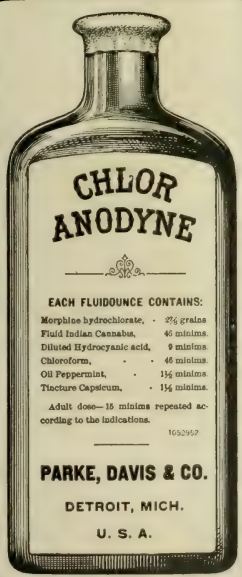

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ORIGINAL COMMUNICATIONS.

Metabolism.*

By I. W. Faison, M. D. Charlotte, N. C.
Prof. of the Pratice of Medicine in the North Carolina Medical College.

Mr. President and Gentlemen of the North Carolina Medical Society:

In discussing a subject of such vast importance as this is to our profession to-day, you can expect me only to touch some of the most salient points here and there. It is eminently true that metabolism plays a very important part, both in health and disease; therefore, I shall discuss both a perfect and a faulty metabolism. What then is metabolism? What are some of the most important conditions both without and within the body to establish metabolism? What parts of the mechanism in the human system does it touch? I understand that metabolism is that process by which all digested food is transformed into living tissue and when this food has performed its mission, it is then reduced to effete matter to be discarded and excreted. Either one or the other of these conditions is always present; for the simple reason that a constructive and a destructive metabolism must at all times be at work within us; that we can maintain our accustomed well being.

The conditions without the body are wholesome foods, properly prepared, good drinking water, healthy hygienic surroundings. Those within the body are intricate and many. Commencing with the mouth: you are well aware of the fact that this is the starting point of digestion, and at the risk of being

*Read before the North Carolina Medical Society at its Greensboro meeting, May 23-25, 1905.

a little tedious, to make my story complete, I must take up things as they come. A full quota of well preserved and well cared for teeth, that the mouth may be kept as clean as possible, not with the view or intent of destroying all bacteria, for it is an established fact that with the aid of some of these bacteria that we get perfect digestion. Healthy, full secreting salivary glands, that the first step in digestion may be perfect, namely, the beginning of the transformation of the starches into sugars. A prolonged and perfect mastication of all foods, that the bolus may be well masticated and well moistened with the saliva, so that it is delivered into the stomach in a condition ready for the stomach to commence its function. The part that the stomach plays in digestion is not so extensive as we once thought. It acts as a large reservoir, secretes pepsin, rennet and hydrochloric acid, and churns the food well.

The secretions of the stomach have an important function in beginning the digestion of all proteid foods. From two to four hours, if the muscular and nervous forces of the stomach are in healthy condition, the contents will be emptied into the small intestines.

Here commence the intricate and most important of all the digestive functions. Here the food comes in contact with the secretions of the pancreas, the liver and small intestines, particularly those from the glands of Bruner and Leiberkuhn. What are the secretions from these different sources?

I will first take the pancreas. To me this is the most important of all the digestive organs. There are two kinds of secretions—external and internal. With the latter we are not thoroughly familiar. The future researches have this in store for us, and when all this is revealed we will know and think a deal more of pancreas; of the external secretion we know more. It is a straw-colored, viscid, alkaline fluid containing ferments which have many important functions to perform. They act upon the proteids, the starches and the fats. Trypsin, the great proteolytic ferment, as it exists in the small intestines, exists in the gland itself as tripsogen, as stated by Heidenhain and Podolinski, and this as it enters the small intestines is transformed into tripsin through the influences of important bacteria, water and air. Acids in small percentage retard its action. Therefore, its medium must be alkaline; so that both here and in the stomach we find proteid ferments, which differ very materially in their actions. The stomach ferments causes a swelling and gradual solution of the albuminous substances, while in the tripsin ferments there is a breaking up and melting away of the albuminous substances; both capable of converting these substances into peptones and albumoses.

Diastose, another ferment identical with the salivary ptyaline, so far as we know, takes up the uncompleted work of the ptyalin, converting the starches and glycogen into sugar. The next important ferment is the fat splitting or steapsin. The beginning of fat digestion. This too must be in an alkaline medium. Fatty acids and glycerins are formed and with the alkalies unites to form the soaps and aid in the emulsification of fats.

The liver, so far as true digestive ferments are concerned, I will only mention the bile. To-day this ferment does not enjoy the importance it did in the past. Its value as an excretion is more valuable than as a secretion, for in its study we find that its first function is to render innocuous the products of body metabolism stored in

the liver and forces them out and into the intestines to be carried out as dead matter.

The most important elements of the bile are its acids—the glycocholic and taurocholic and salts—which combine and form glycocholate and taurocholate of sodæ.

In the acts of digestion the principal function of bile is to promote the splitting, emulsifying and absorption of the fats, to promote antiputrifaction and stimulate intestinal peristalsis. The small intestines is the reservoir for the foodstuff as it passes out of the stomach, also the secretions from the pancreas and liver; besides these, they furnish secretions, through the glands of Bruner and Lieberkuhn, of mucus, juices, bicarbonate of sodæ and invertin. These serve to keep the contents liquid, the medium alkaline and the invertin, which is also partly supplied by the pancreas, converts maltose into sugar. The peristalic action of the intestine is necessary for the proper mixing of all the ferments with the foods and the forcing of the contents along the alimentary canal.

In the small intestines the most of the absorption of the digestives occur. This is accomplished through the villi and goblet cells. The blood current performs its mission by taking the prepared digestive elements throughout the body and to the mouth of each cell.

The cells are exceedingly important and their study very interesting. The cell is the unit of all animal life. Here all vital processes occur. You well know that they in their entirety form the chemical laboratory of the body and to them all foodstuffs, when thoroughly digested, reach their final destination. The cells are peculiar in that they have such varied functions. Some are adapted for securing food, some for digesting food, others for throwing off effete matter. Different cells for each system in the body is essential. The cells of the bones take out of the blood current mineral or bone matter. The cells of the other systems feed on what they need to keep their system in perfect condition.

You cannot control the food demands of a cell. It will only take what it absolutely needs. No makeshift or subtifuge will do. If a cell does not find in the blood current the exact element of food that it needs it will in the midst of plenty simply stand by, close its mouth and die of starvation. You then can readily realize the fact that for a perfect metabolism we must know the demands of the cells and be wise enough as medical men to furnish the needs.

With all these conditions normal, why should we sicken and suffer? Barring accidents and infections, I am of the opinion that the most of us would not be sick and our spirits would be in high feather.

This brings me to faulty tissue metabolism.

In the very beginning I must say that the primary and essential causes of constitutional disorders of malnutrition and mal-assimilation, causing faulty metabolism, are still veiled in darkness. This subject is too large for a paper for a society occasion; therefore, I shall turn to some of the more practical points of faulty metabolism. The three groups of diseases that readily present themselves to our consideration bearing upon faulty metabolism are the lithemic, the diabetic and the gouty. The lithemic diathesis shows itself in all conditions that we mean when we refer to biliousness in all its phases. I saw a doctor in my town just a few days ago with these symptoms: For the few preceding days

had suffered with slight nausea, bad taste in his mouth, constipation, suddenly he became unsteady in his thoughts and staggering in his gait, the blood vessels about his eyes and face diffused with blood, tenderness over the hepatic region, conjunctiva slightly tinged yellow with bile. No special name is laid down in your books for such a condition, save and except the lithemic or biliousness. Still I know that it was entirely due to a faulty, irritating metabolism, and treating him with this view, in twenty-four hours all his unpleasant symptoms had vanished and he was able to go home. All conditions of whatever nature that touches the system here effecting the bile conditions to the extent of manifesting jaundice is the same; should it go on to the formation of gall-stone we will then have added to the lithemic the gouty or uric acid diathesis. The nucleus of all these stones being some acid crystal.

Second, the diabetic diathesis pertains to sugar and this must be in the circulating blood and in the urine as it is excreted from body. Just how to account for these changes in the metabolism I am not fully able to satisfy my mind; therefore, I don't feel that I can satisfy yours. The fact still remains that now and again grape sugar does constantly circulate in the blood and urine, and when this is the case a very serious condition confronts you.

All of us time and again in our medical experiences have had men undergoing an examination for life insurance to show sugar reactions in their urine. We have reported to the medical examiners at the home office the facts, the parties have been promptly rejected; after ten years we have seen the men going about their daily affairs hearty and robust as ever. I have stopped and wondered at such conditions. I am now thoroughly convinced that here was a case of just simple faulty metabolism with no special evil significance, a case safely insurable to the company. You may have this condition follow when too much sugar is taken into the system. The liver can care for only a certain limited amount of sugar; if more than its limit is taken in it is dumped directly into the blood current and eliminated by the kidneys. Other conditions can do the same thing and with the gouty diathesis already established we will often have the evidence of sugar to appear in the urine. There are many cases pronounced hopelessly diabetic mellitus that are only a combination of the diabetic and gouty diathesis producing an excretion of sugar in the urine that can be treated and relieved.

My experience is that so long as a man does not lose his weight and strength and keep up his general vigor, you may be well assured that your patient is in no eminent danger, and that the case is not one of diabetes mellitus, but a faulty tissue metabolism.

Third, gouty or uric acid. One has said: "Despite the most diligent chemical analysis, the most ingenious physiological experiments, in spite of the most searching pathological examinations and the most careful clinical observations, the original starting point of these three diatheses are to-day a matter of conjecture."

In the face of these facts, we are well assured that in the last two conditions we have to contend with true chemical and physiological toxics which circulate in the blood. No matter where they are originally formed, if in excess do interfere with the nutrition of the cells and disturb the proper function of the different organs which they reach through the blood

current, clogging the biliary and elementary tracts and disturbing in fact all the internal organs.

With these facts and experiments before us, we are forced to the conclusion that in this form of faulty metabolism that the errors come through the inability of the digestive system to properly digest and assimilate the proteid element of the food; that there are chronic constitutional disorders of mal-assimilation of which the local affections are secondary and more or less accidental manifestations; that the blood is charged to excess with lithic or uric acid, especially their alkalies, namely, lithates and urates of soda, diminishing its alkalinity. This abnormal condition of the blood produces a great number of symptoms which are directly dependent upon toxic influences of the acids and their salts which quickly disappear as soon as the blood is freed from these excesses.

Now, gentlemen, if all this be true, and I confess to you that I do believe to-day that these facts are in the main true, that we are confronted with the reasonable conclusion that the great majority of all the ills to the human race, and especially to our own American people, are due to these toxic excesses in the blood.

One has said: "Not only atrophic and hypertrophic cirrhosis of the liver, the gall stones, the nephitic disturbances and dyspepsia, atony of the intestinal tract, gouty sciatica, lumbago, sluggishness and inactivity of the villi causing constipation or fermental diarrhœa, etc., but also the fluctuant pains in the body, not only the outspoken toe gout, but also many disturbances of the bronchial tubes, larynx and pharynx, the eye, the ear, the skin and many others. Even the teeth, as in alveolaris pyorrhœa."

To come to anything like a just conclusion of this subject, it is necessary to discuss some of the theories advanced. First, the uric acid theory of Haig. Now I am forced to admit that in these conditions there is an excess of uric acid in the blood, but in studying this acid we find that it is a very soluble acid, in fact one of the most soluble of all the acids. This being the case, it should and is readily excreted from the system by the kidneys. I think that Dr. Haigh has allowed his pendulum to swing too far, as is often the case, and attributed too much to uric acid alone as the cause of all these conditions that we find in gouty metabolism. There are other chemical conditions in the blood, with this excess of uric acid, both there by and through the fault of a mechanism in the system by which a safe excretion does not occur and these chemical toxic agencies unite for harm. Where and how all this takes place is the mystery that the future must solve for us.

Now, gentlemen, when we stop and think and realize the fact that the liver is the one organ that all digestives pass through on their way to feed the cells; that it is the storehouse of all insoluble glycogen and carbon hydrates and supplies the blood and hence the tissues through the cells with grape sugar, and in fact all substances as albumin, bile, acids, phosphorus and urine, etc., not only this but an organ of secretion, the true chemist of our organism, rendering innocuous all hurtful substances and sending them out of our organism through the intestinal canal, and dishing out to the system the necessary elements for cell life and tissue upbuilding; that when our daily indiscretions in eat and drink forces upon the liver tenfold more than it can care for, I am forced to the conclusion that here in the main is the

seat and cause for most of the conditions that will establish such a diathesis.

In writing this paper I want to acknowledge my indebtedness to Drs. Chapin, Osler, Boas and Nothnogel.

Chemistry in Medical Schools.*

By Wm. J. Martin, M. D., Ph. D., Davidson, North Carolina.

Some fifteen years ago, when a medical student, I was surprised to find that the subject of Chemistry was generally (there are exceptions to all rules) considered of small importance in its relation to medicine and as compared to what were considered the more purely medical branches. This idea, I found, was quite general among practitioners and students and was to be even found among the instructors of medical institutions, amounting in many cases to contempt for the branch. Fifteen years of teaching Chemistry in the medical schools has shown me more of this spirit, and has placed it in rather a peculiar light. This attitude of disregard and contempt has not entirely died out, though I do believe it grows less as the years go by, and many practitioners still, by active and passive suggestion, tutor the medical student to fret over the time given to the subject in their course and to ask the irritable question: "What is the good of chemistry to a doctor, anyway?"

I said this spirit among medical men appeared to me in a peculiar light, for I have found repeatedly in the same person a profound theoretic respect for Chemistry and its importance to medicine, and equally profound practical disregard of its claims on himself and contempt for its use.

The limits of this paper will not permit me to enter into a discussion of the importance of Chemistry to medicine, either historically considered or as to the important part it is playing or will play in the future development of medicine, that subject deserves a paper devoted to its consideration alone and a study of it would possibly engender a feeling of respect and gratitude for past influence, and enthusiasm over its work in the future. It is possibly more pertinent to our present task to suggest the causes of the present and past indifference and disregard of Chemistry by the medical men.

I know that Chemistry may well be called a daughter of Medicine, but Medicine has many daughters that to the eye and sentiment have appealed so strongly that the "plain child" has affectionately but decidedly been pushed to the background, where for decades, centuries almost, she has been quietly but effectively transforming the indifferent parent, content to be the "handy girl," the crutch and cane, the footstool and the grindstone of the more favored daughters, herself too shy to demand her proper position either in school or association. But the silent forces have been at work and Chemistry is coming, as she has every right to come, to take her place among the fairest and most favored of the family.

If the older physician will recall his course of medical training in his old medical school, he may remember the meagerness and real inefficiency of the chemical teaching, though here again there are notable exceptions and ones deserving of double honor because of the conditions under which the work was done. Often the professor, a busy practitioner, with no other chemical training than he received in his medical school, accepts the position of "Professor of Chemistry" because he

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*Presented to the North Carolina Medical Society at its Greensboro meeting, May 23-25, 1905.

is obliging or because it is the last resort, for some one has to take it, and he will rather than not secure a place on the faculty staff. If the school does him the favor of providing him a lecture room, and often only the use of one in common with others, it reaches the limits of its generosity or regard for the subject and leaves the professor to shape and conduct his course as best he may, with the result that he has to provide his own apparatus and supplies, the latter possibly covered in part by a small and insufficient fee from the unwilling student. Naturally, under these conditions, the outlay of time and money is extremely limited and the professor considers that he has given a sufficient *quid pro quo* for his enrollment in the faculty. The course is correspondingly meagre and unsatisfactory. Two or three hours of lecture a week with a little experimentation by the teacher thrown in, the first few months consumed in a scanty course on Physics, fills the course out for the first year of the college work and completes the student's labors in Chemistry. The professor disgusted, the other instructors indifferent or amused, the students contemptuous, is a picture of Chemistry in many medical schools during the past century and not so early in the century but that there be some yet left old enough to recall it.

Is it any wonder that physicians trained under such conditions have handed down a feeling of contempt for the position of Chemistry among the medical branches? Is it any wonder that Chemistry's progress to a surer and better footing in the course has been slow, and laborious and at times discouraging? Is it remarkable that for so many years after she was eminently worthy of an honorable position she has had to fight and fight hard against the contempt, indifference and "higher claims" of other branches? And yet she has done it, is doing it, while, almost unconsciously to the other branches, she has been furnishing them the lifeblood for their development and growth.

Study the catalogues of the last quarter of a century, yes of the last decade, and you will see a slow but increasingly rapid and sure relative progress—a steady, persistent advance to a position of greater dignity and acknowledged importance among the circle of medical studies.

Examining the recent catalogues of some fourteen medical institutions, which might be classed as good, bad and indifferent, I find that about an average of one hundred and fifteen hours of lecture and quiz and about one hundred and thirty hours of student laboratory work in Chemistry is required of the medical student during the first two years of his college course. If you will notice the names of the teachers in these courses you will find many who have given their most serious attention to this branch, many who have not regarded it as a side issue in their life, but as their lifework, and who have prepared themselves by thorough training in our foremost universities. Such a comparison is encouraging and points to greater things in the future—for Chemistry has not yet come to her own in medical preparation.

I do not ask you to listen to an ideal as pictured by a "professional chemist," but I do believe that the time is rapidly coming when the mass of medical men will understand that a clear and practical knowledge of the principles and facts of chemical science, not simply of elementary nature, but in its higher forms as well, is necessary to every well equipped, thorough practi-

tioner. The day "Empiricism" is waning and that of "Rational Medicine" is waxing and Chemistry is playing no unimportant part in the change. The physician must know "why" as well as "what," and without an intelligent appreciation of chemistry he often falls short of the *rationale* of his procedure. Fundamental as chemistry is to such branches as Materia Medica, Pharmacology, Physiology, it also reaches out and vitally touches such others as Bacteriology and Biology and even Surgery and Practice. Many have found that a clear knowledge of the science of Chemistry has elucidated and illumined much of later teaching that would otherwise have been meaningless and but memory work.

I know that the demands of the student's time are already great and growing greater; I know that every teacher is jealous of another encroaching on the time he thinks properly belongs to his department—what teacher is not? I know that in planning a curriculum as in most everything else in this life, compromises and adjustments have to be made to get the best results under the conditions, and yet I believe that teachers of at least certain of the medical branches will agree that where a man comes to them well grounded in the principles and practice of Chemistry, a better grasp, a more intelligent comprehension of his subject is possible.

I realize that the problem which I bring to your attention is a difficult one, connected, as it undoubtedly is, with the old, much discussed and never solved problem of better preparation for student of medicine. I do not think, however, that it will do any harm to face it once more, possibly in somewhat of a specialized form. Mark you, I do not claim, nor do I think, that a solution of this problem will prove a panacea for all the perplexing questions of a medical education. It is a perplexity with too many facets to it for that. But I do suppose that even a partial solution will help in the general cause. What we want, what we need, is not to unduly emphasize any branch or study, but to the better prepare our students to be thoughtful, intelligent, rational practitioners. We need more of that kind, we have enough and will continue to have enough of those who practice by the plan of "rule of thumb" or adopt a new prescription because they see it in their medical journal.

Now I believe that, if we can raise our standard of requirements for entrance into our medical colleges sufficiently, and rearrange our chemical course in these colleges to such an extent that a thorough course in Chemistry can be had by the close of the first year, much will have been done to make the acquirement and teaching of a great deal of the after work easier and more satisfactory. It may be remarked that a previous college course leading to the degree of A. B., in which this branch and other scientific branches are included will be the remedy. That is undoubtedly true, but the fact is that the time when we can make such a general rule has probably not yet arrived. It is a noteworthy fact, though, that for one institution at least of our country that is true, and several others are almost in line with it and others will yet follow. What I suggest now, however, is that a general move be made in all our medical colleges towards the adoption of a requirement that all candidates for admission shall have had at least two years of didactic and laboratory training in General, Analytic and Organic Chemistry and one year of similar training in Physics. This will mean

not only an unburdening of the medical course by so much, but a much better mental preparation for the severe drill of the higher course. Then let so much time be allowed in the first year of the medical course as is necessary to give a thorough didactic and laboratory course in Medical and physiological Chemistry. Then in physiology let the students of the first year only be required to master the simpler principles and facts, reserving till the second year, and after the completion of medical and physiological chemistry, the study of that physiology which so largely depends on chemistry and which can only be mastered after a knowledge of that subject has been acquired.

You cannot effectively teach Physics, Inorganic, Organic, Analytic, Medical and Physiological Chemistry in one hundred and fifteen hours of lecture work and one hundred and thirty hours of laboratory work. To the beginner, Chemistry introduces a decidedly new set of ideas and it requires time to digest as well as to devour them. You cannot open the mind of the student who has had no preliminary scientific training, and pour into it immense hoppers of chemical lore, facts and principles, without resulting mental dyspepsia and nausea. The anaconda swallows the ox whole, it may be, but he then takes weeks to digest before another meal is taken. Medical students are not anacondas, nor, after large doses of to most of them difficultly digestable Chemistry, are they allowed many hours of leisure for rest and mental digestion, but are crowded with hard work in all their branches. The result is, as both student and teacher later finds, that not only has the chemical meal not been digested, but has been rather completely thrown out by a very simple "physiological" process. Furthermore, the student needs the knowledge and skill acquired in his medical course before he attempts his Materia Medica, Bacteriology and Physiology. The "cart before the horse" principle is as unsound in teaching as in hauling, and to teach Organic and Physiological Chemistry after Physiology is according to this principle. And then too the rush and meagerness of the courses in Chemistry in most of our medical schools, necessitated by their being crowded into such small time limits, largely serves only to bewilder and discourage the average student. Chemistry does not become, as it ought to and is capable of, a really useful part of the student's armamentarium for attacking the overlying branches.

This suggestion for change in requirements and arrangement of the course is not ideal, certainly not from my standpoint, but advancement must nearly always be made by steps, and I believe we would find this a step in the right direction. Some may think it too long a step to take at once, others may think it is not radical enough, it is simply my opinion that anything more is not practical at this time, however much we may desire it, and it is also my opinion that if decidedly backed by the State Boards the most of the colleges would see their way clear to its adoption. Many of us can remember when the establishment of the principle of examination by the State Boards raised a great hue and cry among a number of colleges, calling aloud dire prophesies of resulting dearth of students and scarcity of doctors. The same cry would doubtless be raised again in certain quarters, but with no more success than before, and I believe there would be fewer of them. Once taken, this step would inevitably lead to a threefold good: better prepara-

tion of the student for his most important and gravely responsible life-work;; greater satisfaction to the hard-worked teachers of these students, whose ambition is that they should go out from their class rooms and laboratories better prepared to wage their fight with disease and death; and, finally, greater benefit and blessing to the public who look to us to do well nigh impossible cures. Fewer doctors it possibly may mean for a few years, but it also means better ones, and, in this profession, it certainly is quality and not quantity that counts for most. Really, I do believe it will mean fewer permanent practitioners. We all know how, after graduation, they are weeded out from one cause or another till it has ceased to attract more than passing notice to find men who are entitled to write themselves Doctors of Medicine active in other walks of life and giving up medicine altogether. The weeding out process has just been shifted by this arrangement I propose to the beginning of the course rather than to the end; more of the matriculates will continue the four years through and graduate and after graduation a less proportion will seek other fields of labor. Now do not understand me to argue that all this will follow simply because of better preparation in Chemistry. I may be an enthusiast, but not to that extent, but with the two years of preparation in science, required before entrance into the medical school, will necessarily come better preparation in English (what a host of our students need that let those who look over examination papers testify), probably one year at least of Latin, certainly in this time there ought to be enough mathematics to do carefully and accurately the little calculation that a physician often has to do; in fine, there will be a decidedly better mental preparation all around for the arduous tasks of the medical course. Some may say that this is the "nigger in the woodpile" and that I am simply arguing for higher requirements for entrance. I have no desire to find fault with that view of the case. But if my branch gives me a text to lay the argument on so much the better. It is not what I started out to do, but if done I trust it is not done with total inefficiency. . My desire was and is that this branch might be brought to do for the medical man what I believe it is capable of doing, and which it now is prevented largely from doing, by being so crowded in time and misplaced in its position in the course. If it leads to a discussion of the larger and more general question of higher requirements for entrance I shall rejoice. Certainly if it might lead to some practical result which would be for the good of the profession I should be highly gratified.

Report of Some Cases.*

By Dr. C. M Strong, Surgeon to Presbyterian and Good Samaritan Hospitals, Charlotte, N. C.

Case 1st. Mrs. W., age 30, married 10 years, no children. Had treated her a few times for dysmenorrhea, which usually lasted three days, greatest pain first few days when she usually remained in bed; health fairly good, very nervous; was called to see her December 8th. She had missed her last menses 7 weeks, and commenced flowing, on the 7th with severe pain in right ovarian region, temperature 100 degrees, flow free; prescribed sedative as usual. Saw her again on the 9th, pain more severe, temperature 102 degrees, very tender and rigid over right lower quadrant of abdomen.

*Presented to the North Carolina Medical Society at its meeting in Greensboro. May 23-25, 1905.

Suspecting pus, made examination and found mass on right side of uterus, size of lemon, fluctuating and somewhat movable. My diagnosis was a pus ovary or tube. She was exquisitively tender and I suggested that she should apply ice and be operated on in a few days when the acute symptoms subsided. Her temperature kept up in spite of free catharsis. Also the pain remained until the 10th at 4 p. m., when I was hurriedly called, with the admonition from husband that something had to be done at once; I thought that I would evacuate by Post. Cul-de-sac operation, but before deciding thought it best to make another digital examination. On doing so I found the same rounded mass and in attempting to outline more fully it ruptured, it seemed to me, with more audible report than a rifle. I knew something had to be done at once, as I had reason to believe from the temperature that it contained pus and was ruptured into the peritoneal cavity. I hurriedly summoned the ambulance, had her taken to the Presbyterian Hospital and by five had her on table. A Posterior Cul-de-sac operation was first done to drain the abdomen. On cutting down by blunt dissection, I was rewarded by a deluge of blood, bright red; hurriedly packing the opening I immediately did a laparotomy. On getting down I found a ruptured tube—the rent being about the size of the little finger, from which was flowing a fairly steady stream of blood. Two Kelly hysterectomy forceps stopped the hemmorrhage. I then removed about a pint of clotted blood from the abdominal cavity. A V-shaped part of the tube with the mass including right ovary was taken out. The peritoneum stitched up, over raw surfaces ovarian and infundibular arteries tied separately, drain left below in the cul-de-sac and abdomen closed. She made an uninterrupted recovery. It was evidently a tubal pregnancy without any symptoms until the seventh week, except absence of menstruation. I can't account for the temperature as no pus was found, no foctus was found, but it evidently was in some of the clots. Some shaggy projections in the mass were pronounced chorionic villi, but unfortunately no microscopical examination was made. I am sure ectopic gestation occurs more often than we suppose, also that we should be very careful in making our examination in the pelvis.

Case 2nd. Colored boy of 14 referred to me from S. C., by physician, with history of repeated attacks of appendicitis. Family history negative. Found on presentation at Good Samaritan Hospital an emaciated, ashy specimen of humanity. Temperature 100 degrees, pulse 102, vomiting as he expressed it, for past three days of what should pass the other way, although he did not vomit any fecal matter after coming to Hospital. Entire bowels were swollen and tender with dullness on percussion, accentuated on right side above McBurney's point. The muscles were rigid and facies abdominal marked. The supposed diagnosis was appendicitis with perforation and general peritonitis.

Operation revealed, on opening the abdomen, a straw colored fluid, no adhesions around the appendix, in fact, no appendix, nor had there ever been one. We, however, found enlarged glands or masses the size of peas and larger on the visceral layer of the peritoneum, also in the mesentery between the folds of mesentery; the opening was enlarged and no abnormal condition noted except these, which were more numerous around the right illiac fossae. The diagnosis was tubercular diseases of the bowels. Yet I doubt it.

I have frequently found on opening the abdomen, these enlarged glands and I believe that they are not always tubercular, rather that they often enlarge from chronic ptomaine absorption from improper diet. I believe this case was one of this nature, and furthermore that many cases of so-called cures of tubercular peritonitis from simply opening up the abdomen and saline washing are of this nature. I never could fully get the consent of my mind how this simple operation could cure so fatal a malady. The peritoneum was rubbed with gauze and washed with salines and some of the saline left in abdominal cavity. He made a rapid recovery and now, three months after operation, is fat and slick. I think the cure in these cases is due to the diet and rest which necessarily follows operations as well as to the local effects.

The obstruction, in my opinion, was caused by the fluid, which I am satisfied often causes obstruction of the bowels.

The Internal Secretions. *

By M. Eugene Street, M D., Glendon, N.C.

The importance and the potential possibilities of serum therapy are today recognized as never before in the history of medicine. The limitations which have so long controlled in the treatment of disease are being crossed, and we are finding ourselves possessed with means of more successfully combatting disease.

The object of this paper is to call attention to the serums, or internal secretions of the organs of the human system, and to their importance and to the necessity of studying them if we would be qualified to extend to our patients the greatest benefit.

*Read before the North Carolina Medical Society at its Greensboro Meeting, May 23-25, 1905.

The advances made by the physiologists and the physiological chemists have thrown new light upon obscure subjects, and placed medical science on a more solid foundation. Some most remarkable results have been obtained within the past few years. The transformation wrought in cretinism and myxoedema by feeding on thyroids stimulated renewed interest in the investigation of the ductless glands. The discovery of a blood pressure raising principle in the suprarenals by Oliver and Schafer in 1895 indicated some important function of these organs heretofore undetermined. And when the powerful effect of a minute quantity of this substance was observed greater interest than ever was aroused, and renewed search by many competent investigators was carried on, and it was found that the suprarenals did indeed perform a most important physiological function, and also that they furnished the key to the functions of other ductless glands. It was found that the adrenal glands depended to a great extent upon the functional activity of the thyroid gland, that the thyroid gland's secretion stimulated the anterior pituitary body and this by its direct connection to the adrenals through the solar plexus, the sphlanchnic nerves, and the cervico-thoracic ganglia of the sympathetic maintained the normal activity of these glands. Thus forming what Sajous terms "the adrenal system," through which cardiac action, respiration, and general cellular oxidation are maintained.

The adrenals secrete a chromogen colloid hyaline fluid which leaves the organs through the suprarenal veins, and is mixed with the plasma of the veinous blood in the inferior vena cava —Sajous. This adrenalized plasma has a marked affinity for oxygen, and when it reaches the pulmonary alveoli

causes the absorption of oxygen from the alveolar air, and the carbonic dioxide in the blood is thus forcibly replaced by oxygen, and expelled with corresponding vigor. The red corpuscles, after this operation, bathe in an oxygen laden medium and their haemaglobin becomes reconverted into oxyhaemoglobin.. The red corpuscles absorb only a part of the oxygen from this oxidizing substance and the balance is left in the blood plasma.

This oxidizing substance is the reagent to which the oxidation processes that occur in the blood stream are due.

Absence of or decrease of function of the thyroid gland causes decreased functional activity of the suprarenals and insufficient oxidation in the body results, a state of cretinism or myxoedema. Exaggerated function of the thyroid either from pathological condition of the gland or from feeding thyroid extract causes greatly increased functional activity of the suprarenals, and increased oxidation results—Exophthalmus.

This oxidizing substance secreted by the adrenal system not only maintains life by insuring oxidation, but when poison of any kind, mineral, vegetable, or bacterial toxins are introduced into the system the functional activity of the ardrenals is increased with the result that the oxidation process is correspondingly increased, indicating that its secondary function is to protect the organism against disease. Thus the adrenal system simultaneously sustains life, and aims to preserve it.

In other words, immunity is shown to be the result of the action of the internal secretions.

Leucocytosis with the alexins secreted by the leucocytes depends upon increased adrenal function. And the phagocytosis which the preponderating factor of immunizing processes was found to be due to the spleno-pancreatic internal secretion—trypsin, which is the organic body that reduces toxins to inert cleavage products, and is the agency which digests bacteria in the digestion vacuoles of the phygocytic leucocyte.

The results of the investigations upon the antitoxic power of the blood and other fluids by Metchnikoff, Pfeiffer, Denys, Hankin, Von Fodor, Nutall, and others, harmonize in that they all point to the bactericidal power of the blood serum.

Ehrlichs side chain theory no longer seems necessary. His ambocepter is the oxidizing substance of the adrenals, and his complement (Metchnikoffs Cytases) the spleno-pancreatic ferment—trypsin. These two in the presence of fibrinogen, a product of the neutrophyle leucocyte, convert all albuminoid poisons (including toxins) and bacteria into benign products in the blood.

The extreme sensitiveness of the anterior pitiutary body, the governing center of the adrenals, to toxins and drugs indicate the carefulness with which any internal remedy should be prescribed, and also the dangers of self medication indulged in by the general public. Vulnerability to disease may not only be thus acquired, but the adrenal system when debilitated by injudicious stimulation, is unable to protect the system by a sufficient leucocytosis, and adequate oxidation when disease is initiated.

Puck states that the Stork and the Doctor met at the door.

"We should be friends," said the Doctor. "We have much in common."

"It is true we are both bipeds," admitted the Stork, guardedly.

Here the Doctor showed his bill.

"One hundred dollars!" exclaimed the Stork. "Well, you are a bird!"

Gastrostomy.*

By John R Irwin, M. D., Charlotte, N. C.
Professor Gynaecology and Abdominal Surgery, North Carolina Medical College.

By this term is meant the establishment of a permanent opening into the stomach, for the purpose of dilatation treatment of benign strictures, but more especially for the administration of food.

It was first proposed by Egeberg, a Norwegian surgeon, in 1837, in cases of stricture of the oesophagus, which were beyond local treatment, and he described the details of the operation with great minuteness. Sedillot, of Strasburg, appears to have been the first to perform this operation (or as he termed it, gastro-stomic) in 1849. About one year subsequently, Mr. Cooper Foster did the operation in a second case, at the suggestion of Dr. Habershon, an eminent physician and author of a work on Disease of the Alimentary Canal. This case was a child four years and four months old, admitted into Guy's Hospital. Seventeen weeks previously he had swallowed some corrosive poison, which resulted in stricture of the oesophagus. This was the first operation of the kind in England. After this the operation was attempted by Gunther, Gross, Curling, Bryant and others, but in each case so far death ensued.

The first satisfactory result was obtained in 1874 by Mr. Sidney Jones. The operation has since this date advanced and the establishment of the procedure as a justifiable surgical measure is largely due to Mr. Howse, who first advocated the performance of the operation in two stages, though this practice had been previously advised by both Egeberg and Nelaton.

Before this it was regarded as an opprobium of surgery, that hopeless starvation should be accepted as the inevitable issue of simple constriction of the gullet. Gastrostomy to-day is in itself so free from danger, thanks to asepsis, antisepsis and improved technique, that it is indicated in every case as soon as the diagnosis of a non-dilatable stricture of the oesophagus is made. It has been abundantly proved by operations, that the stomach may be opened with comparative impunity.

The difficulty of this operation consists in so making the fistula that fluids shall pass through it into the stomach while none passes in the opposite direction. The escape of gastric contents through a fistula is disagreeable for a patient. It produces eczema or ulceration of the skin, which is extremely painful, and deprives the patient of much needed nourishment, and thus defeats the object for which it is done. All modern methods depend for effectiveness upon mechanical or an anatomical valve action somewhere in the sinus, and since Witzel has shown that a fistula can be so placed through the stomach wall that the escape of gastric contents is not permitted, gastrostomy has become a most valuable procedure.

Indications.—Oesophageal diverticula, neoplasms and extensive inflammation from the ingestion of corrosive substances, where it is intended to keep the organ at rest during the process of repair. Actual strictures of the oesophagus, those caused by carcinoma being the most frequent, and next in frequency those due to contact of caustics, where stenosis of the oesophagus or cardiac orifice of the stomach has advanced to such an extent that the introduction of food per viam naturalem, or by the use of tubes, is no longer possible. The tortures which patients suffer from their disease, the pangs

*Read before the North Carolina Medical Society, May 24, 1905, Greensboro.

of hunger and thirst, the slow starvation which is their lot, are indeed so frightful that an attempt should be made to relieve them, even if it is only to be transient. It is to be regretted that as yet the operation is performed too late in many cases. The patients are slow to consent to a procedure about which, even though very unjustly, there still hangs a nimbus of its being a wonderful operation. They only submit from extreme necessity, and thus the best time, that of a relatively good general condition, passes by. It is true that recently there has been decided progress in this direction, and consequently the results of the operation have progressively become more favorable.

Technique.—The patient should receive the proper preparation as for any laparotomy. The operation itself, which is performed with the strictest observance of antiseptic precautions, consists of three parts: 1. Opening the peritoneal cavity. 2. Finding and opening the stomach. 3. Fixation of the stomach in the abdominal wound. The incision may be made from the ensiform process downward in the linea alba, or just below the ensiform process parallel to the free border of the ribs, on the left side, about three-quarters of an inch distant from it. This is Fenger's incision. More recently Hahn has devised a new incision for the purpose of making the opening in the stomach nearer the cardiac orifice, so as to prevent the escape of the food. He exposes the stomach first by Fenger's incision, then an incision is made in the eighth intercostal space on the left side, the stomach is drawn forward into the wound and sutured to the skin. Another method has been proposed by Witzel and extensively adopted by surgeons. The incision is made through the skin parallel to the free border of the ribs, a longitudinal incision through the middle of the rectus muscle, then transversely through the transversalis, whereby the action of a cross-clamp, as it were, is secured upon the India rubber tube that is to be inserted into the stomach. The stomach is drawn into the wound, two longitudinal folds are formed in its walls, and a canal made by suturing these folds over the India rubber tube introduced into the stomach. The viscus is then secured in the wound by a circular row of sutures.

Case.—W. L. P., age 43, was kindly referred to me by Dr. A. M. Whisnant, one of our prominent eye, ear, nose and throat specialists of Charlotte, for examination and advice. Patient was then suffering with stenosis of the oesophagus as a result of carcinoma, which began some months previuosly on one of the vocal chords and finally affected the entire larynx, and infiltrated the surrounding tissues, involving the oesophagus to such an extent that deglutition had become impossible. He had had an operation performed on the trachea in New York some months before and a second tracheotomy by Dr. Whisnant a few weeks previous to consulting me, and had been wearing a tracheotomy tube since his first operation, which enabled him to breathe comfortably. He could only speak in an audible whisper. The occlusion of the oesophagus being now complete, hunger and thirst intolerable, the patient emaciated from actual starvation and the symptoms very urgent, I advised gastrostomy to give temporary relief and to prolong life, and the patient consented to the operation.

The abdomen was aseptisized and the other necessary preparations made, and the operation performed, November 26, 1904. Chloroform was used and the

patient anaesthetized through his tracheotomy tube and took the anaesthetic nicely. Had thought of giving it per rectum according to Dr. John A. Wyeth, of New York, but thought best not to get up any irritation there, as I expected to use nutrient enema after the operation. I wish you to notice that the incision was made in the median line in the epigastrium, commencing just below the ensiform cartilage, extending downward toward the umbilicus about three inches. After division of the skin, separation of the fasciae and muscles, and carefully checking hemorrhage, the peritoneum was opened, and caught on either side with Sheppard crook tenacula, opposite the middle of the incision, and held in one hand by an assistant. Another incision parallel to and opposite the upper half of the first incision was made, the skin undermined so as to connect the two incisions. The index and middle fingers of the left hand were introduced through the peritoneal opening to locate the stomach. Sometimes trouble is experienced in distinguishing between the stomach and transverse colon. But the colon is usually recognized by its muscular bands and the stomach by the sweep of its lower curvature and the vessels which enter there. The stomach, anterior wall, was pulled forward like a cone, the base of the cone firmly sutured in the first incision by deep fixation stitches, and the apex of the cone of the stomach was passed under the bridge of skin, drawn out of the second incision, and fastened with sutures. The abdominal incision was closed and the apex of the cone of the stomach was opened and stitched around in a circular way to the skin. In doing this it is essential that the sutures hold absolutely tight, in order to prevent infection of the peritoneum and to prevent accumulation of secretions and the formation of superficial abscess. A number 18 catheter was introduced through the fistula into the stomach, and clamped with a forceps and the dressings applied.

In this operation the obliquity of the canal and the pressure of the strip of skin prevented leakage.

Food.—After the operation all precautions were taken to prevent the occurrence of vomiting, nourishment being given by the rectum. There was ordered two ounces of malted milk with enough warm water to make a four ounce mixture, per rectum, every four or five hours. In my experience, this is an admirable food administered in this manner after abdominal operations, where the patient is too weak to stand the twenty-four or thirty-six hours fast after taking an anaesthetic. Owing to the extreme weakness of this patient, I began giving him food by the stomach forty-eight hours after the operation. It was given in small quantities and of such a nature as to be readily absorbed. Peptonized milk, raw eggs, alternately with starchy and fatty foods. Half a pint of milk or liquid food given slowly every four hours is a fair average as to quantity and frequency. After feeding by the stomach for some time, the quantity and interval was somewhat increased, as too frequent feeding might irritate the stomach and fistula. Might say here that the tube was removed from the stomach, as there was some leakage alongside of the tube, after a few days. This soon stopped and gave little trouble. The patient soon learned to feed himself according to his needs, using a stomach tube and funnel. The gastric feeding soon relieved the patient of his thirst and hunger, and he gained several pounds in weight. It is said that the gain will always be less than when taken by the mouth, because

the same food even will not have the same nutritive value. This difference is not due to lack of saliva, whose digestive power is slight, but to the fact that the psychical stimulation known as appetite has a powerful effect upon secretion of the gastric juices. A patient with a gastric fistula may be said to be hungry, but perhaps he cannot be said to have an appetite. He loses his enjoyment of food and sometimes his liking for the taste and smell of food. This patient, however, later on masticated his food and thus submitted it to the action of the saliva, which has some digestive power, though slight, then forced it into the stomach through the tube. He lived comfortably about six weeks and died a short while after this, owing to the rapid course of the cancerous intoxication and not to starvation. He was delighted with the results of his gastrostomy.

Some interesting points in connection with this case: The complete adhesion of the stomach to the skin and tissues in the incision in forty-eight hours; taking the anaesthetic through the tracheotomy tube with so much ease and without even provoking a cough; the thoroughly artificial life he led after the operation, breathing through a tube and being fed through a tube, and to me, especially, the perfect results obtained.

ABSTRACTS.

Acute Meningitis.

(Jour. A. M. A.)

Councilman states by the term meningitis is understood inflammation of the pia arachnoid, the investing membrane of the brain and cord. That the pia arachnoid, in the form of the choroid plexus, forces into the ventricles of the brain, and strictly speaking all cases of meningitis deserve the term meningo-encephalitis. That there are various means by which infectious agents can gain access to this tissue. They may enter it by means of the blood or by the extension of infectious processes from adjacent regions. The extension may be direct or by means of lymphatics which communicate with those of the membrane.

Acute meningitis may be produced by a number of bacteria, but chiefly by those belonging to pyogenic organisms. The three organisms most generally concerned are the *Diplococcus intracellularis meningitidis,* the pneumococcus, and the streptococcus. Of these, the first named deserves the most attention in that it is the cause of the epidemic form of the disease. This organism was first described by Weichselbaum, in 1887, as a specific micrococcus resembling the gonococcus.

The evidence which we have justifies us in the conclusion that there is a form of meningitis produced by the *Diplococcus intracellularis meningitidis,* that the epidemics of acute meningitis are due to this organism, that sporadic cases are not infrequent, that, with rare exceptions, primary cases of meningitis are due to this organism; that recovery takes place much more frequently in this type of disease than when infection is due either to the pneumococcus or the streptococcus, that the disease is more common than is generally supposed, that the organism does not live as a saprophyte outside the body, that the organism may be found on the mucous membrane of the nose, where it may produce a rhinitis, and that it is probable that infection of the meninges takes place by

extension from some of the adjacent mucous membranes by means of the lymphatics. We can only explain the epidemics of the disease by the assumption that at certain times the power of infection is increased either by an increase in the virulence of the diplococcus or by a decrease in the resistance of the tissues. The study of the influenza bacillus in the past years has shown much the same condition. The organism is constantly present, and not only are sporadic infections produced by it frequent, but the bacillus may live as a harmless inhabitant of a mucous surface. The causes underlying the occurrence of epidemics are unknown, and even atmospheric conditions cannot be excluded.

How May Typhoid Fever Be Elimi-Eliminated.

(Jour. A. M. A.)

ROBIN, Bacteriologist to the Wilmington, Del., water department, discusses the various means of municipal prophylaxis. To the family of each case of typhoid fever reported the following circular is sent, with instructions that if the family is too poor to buy disinfectants that the city will furnish them:

HOW TO TAKE CARE OF THE DISCHARGES FROM TYPHOID PATIENTS.

A Circular of Instructions Issued by the Wilmington Water Department.

Typhoid fever is caused by a germ which finds its way into the food, or, more frequently, the drinking water.

The germ causing typhoid fever is invariably derived from the stools and urine of persons suffering from the disease.

The disease may be also communicated through soiling one's hands with the discharges and then permitting the hands thus soiled to come in contact with the food.

Infection may be prevented by destroying the germs in the discharges by means of disinfectants.

Therefore, to save yourself as well as others from infection, observe the following precautions:

1. Keep on hand a five-gallon jug or other suitable vessel filled with any one of the following solutions:

Solution No. 1. Chlorid of lime of the best quality, guaranteed to contain at least 25 per cent. of available chlorin and free from a strong odor on opening the box, 6 ounces to each gallon of water.

Solution No. 2. Formalin (40 per cent.) 5 fluid ounces to each gallon or a little over a pint and a half to the 5 gallons of water.

Solution No. 3. Carbolic acid 4 ounces to the gallon or a pint and a quarter to the 5 gallons of water.

The choice of any of these solutions should be determined by the ability to obtain the pure article. Whatever solution is used the vessel should be kept strictly corked.

2. Have the receptacles for the stools (bed-pan, night-chamber, etc.) provided with a closely-fitting lid, or improvise a lid from several thicknesses of paper with some weight over it. It is better to have two receptacles of a kind so that a clean one may always be on hand for the patient's use.

3. When required for use, put 1 pint (2 glassfuls) of the disinfectant into the vessel (or if the urinal is used, one-quarter of a pint) that the discharges may come in contact with the disinfectant on their very issue from the body. No harm is done if some of the disinfectant should happen to spill on the bedclothes.

4. Remove the vessel containing the discharges to some secluded place in the house, add enough of the disinfectant to completely cover the discharges, stir up the contents with a small stick, replace the lid and allow it to stand for at least two hours. Remember that the longer you permit the discharges to come in contact with the disinfectant the more harmless do they become and the less obnoxious to handle.

5. If there is no water closet in the house, the discharges, after the disinfection, should be buried in the soil at least 100 feet from any well or stream.

6. When your hands become soiled with the discharges they should be washed, first in the disinfectant (neither of the disinfectants will injure the skin) and then with soap and water.

7. All articles of the patient's clothing which have become soiled, and all the sheets, towels, napkins, etc., used by the patent should be kept in solution No. 2 or 3 (not in solution No. 1) until they are washed.

8. Use the disinfectant freely on all occasions requiring cleansing of soiled surfaces, and remember that "an ounce of prevention is worth a pound of cure."

Cerebrospinal Meningitis—Epidemic and Sporadic.

(Med. Record.)

SPEER reaches the following conclusions:

Cerebrospinal meningitis when first recognized was purely epidemic in character, and is now epidemic in large cities. Its method of transmission from place to place and person to person is unknown.

According to the latest and best investigators, the exciting cause of the epidemic form is the diplococcus intracellular meningitis. And no evidence has been produced to prove that the cause of epidemic and sporadic cases is not the same.

The probable entrance of the pathogenic germ into the system is through the respiratory tract, especially that portion covered by the Schneiderian membrane. And its point of attack and usual seat of greatest activity is the base of the brain, from which it involves other portions of the meninges of the brain and spinal cord.

Its action is that of a septic invasion, and its symptoms a combination of toxine poisoning, nerve irritation and pressure.

The rate of mortality in late epidemics has been about 50 per cent., which may be lowered by a better agreement among the profession regarding methods of care and treatment.

Spinal puncture is a requisite of exact diagnosis, but as a method of treatment it is still in the experimental stage and leaves much to be desired.

Old methods of treatment may be made effective and reliable if used with decision and pushed to the limit of therapeutic effect.

Cerebrospinal meningitis in its worst form is amenable to treatment.

Decapsultation of the Appendix.

(Med. Record.)

ISAACS states that in the technique of appendectomy, difficulty is occasionally encountered by reason of extensive adhesions, due generally to the results of previous attacks of local inflammation. These adhesions may be so dense that to tear them would involve danger of tearing the adherent gut or of starting a hemorrhage difficult to control, but the main advantage is the sav-

ing in the time of the operation and lessening the amount of manipulation of the viscera, thus lessening the post-operative shock. The method is especially useful in those cases of extensive adhesions where only a portion of the appendix can be located, the other portion losing itself in a mass of adhesions. His method is as follows:

Having located some portion of the appendix, preferably the proximal, the capsule is incised longitudinally opposite the mesenteric attachment if possible, so as to avoid the larger blood vessels. In this situation the hemorrhage is insignificant and hardly ever needs attention. The white, glistening surface of the middle layer is the guide to the depth of the incision. The incised serous coat peels off very easily, and with the blunt end of the scalpel handle or with a periosteum elevator, the core can be easily separated and raised from its bed without fear of hemorrhage. This white core now serves as a guide to the capsule, inside of which it can be loosened up a short distance, then the capsule split for that distance, and the procedure repeated till the whole length is delivered.

Some Fallacies in the Agglutination Tests.

(Jour. A. M. A.)

Klotz makes an appeal for the employment of a more uniform technic in the agglutination tests. Those who are familiar with the Widal test will recognize the importance of this plea. His summary is as follows:

Without entering into the discussion as to the chemical or physico-chemical nature of agglutination and the bearing this has on the differences in the agglutination reaction, and vice versa, I wish to point out that in carrying out these tests we require a greater uniformity in the technic to allow comparisons of the results obtained by different observers.

The susceptibility of an organism to agglutinins increases for the first six months from the time it has been isolated from animal body and grown on artificial media.

Inoculations of animals with broth culture will produce in their sera, beside the agglutinins, precipitins whose reaction in broth culture cannot be distinguished from true agglutination, as the organisms are mechanically deposited in the precipitate.

Pseudo-clumping may be obtained by using emulsion of bacteria in undiluted broth and testing against the above serum.

The agglutination of a micro-organism varies with the medium in which it is grown, the reaction of that medium, the temperature of incubation, and the number of organisms present in the emulsion.

Pseudo-clumping may be produced by sudden changes in the temperature and by the addition of certain chemicals. The addition of carbolic acid or of chloroform as preservatives in an immune serum does not interfere with the agglutination reaction.

In using the dried blood test, paper having a soluble gloss should be avoided for collecting the blood.

In our hands the microscopic method for determining agglutination has proved the most useful and rapid. A time limit of three hours has been placed on all these reactions.

According to reports to the State Department at Washington, plague has appeared at Chanaral, Chile; suspected cases are occurring at Iquique. Piscaqua is also affected.

Hepatic Insufficiency in Obstetric Practice.

(Jour. A. M. A.)

EDGAR states that the healthy liver renders the products of digestion and absorption suitable for assimilation, while it also disintoxicates both the products of intestinal putrifaction and the waste substances which result from katobolic activity. The results of hepatic insufficiency are largely synonymous with the symptoms of the autotoxic state. In regard to the effect of this insufficiency on pregnancy, he reaches the following conclusions:

1. The preventive treatment of much of the morbidity and mortality of pregnancy and of the puerperium depends on the early recognition of the autotoxemia of pregnancy, as it shows itself in the clinical picture of hepatic insufficiency.

2. No one who has had an extensive obstetric experience can fail to observe that a large number of pregnancies are really pathologic in their nature.

That a specific toxemia of pregnancy exists will probably soon be admitted on all sides. It is, of course, very easy to attribute to the autotoxic state certain symptoms of the pregnant woman which proceed from other sources; and it is by no means impossible that pregnancy may predispose to more than one toxic condition. In any case, however, the presence of the hepatic toxemia must be borne in mind—whether it be the principal state or accessory to other facts.

3. Our present knowledge of the pregnant state demands that women at this time should be constantly under the observation of a competent physician. Pregnancy cannot be treated through the mails or over the telephone.

It is not enough that a monthly or bimonthly examination of the urine be made for symptoms of hepatic or of renal insufficiency, as such urinary analysis often fails completely to indicate the presence of toxemia.

A pregnant woman should be seen frequently by her physician and watched for general symptoms of the overcharging of the blood with toxic material, such as nausea and vomiting, headache, physical and mental lassitude, high arterial tension, alterations in character and disposition.

Thus, and thus only, shall the physician do his whole duty by his patient.

Recent Studies in the Diagnosis of Rabies.

(Med. Record.)

POOR states that it is obvious to those who have to deal with people bitten by animals supposedly rabid, that a quick method for the diagnosis of this disease in the animal is most desirable. The length of time consumed by the inoculation test, with its consequent worry and delay in starting treatment and also the occasional death of the animal from septicemia are reasons for stimulating work on the histological methods of diagnosis. A number of authorities have described lesions which they considered characteristic. None were found to be of any practical importance until Negri, of the University of Pavia, described the Negri bodies or corpuscles found in the cerebellum of the infected animal. A great many tests have been made by the New York Board of Health and it has been found that the finding of these bodies is practically conclusive evidence of the existence of rabies and that in the failure to find them there is the possibility of an error of about 5 per cent.

In conclusion, then, it would seem

that in this method we have the means of making a rapid diagnosis, which is of about the same grade of accuracy as that laboratory diagnosis of tuberculosis or diphtheria. That further, the lesions are, as a rule, found early in the disease, and are not affected by changes in the brain tissue incident to the delay of shipping the material to the laboratory from a distance.

Further, the material for examination is easily obtained, and may be collected by any competent veterinarian and sent in the fixing reagent to the laboratory, thus saving time.

While further work on control diseases should be done to establish fully the standing of the method of Negri, it seems fair to conclude, from what has thus far been done, that we have in it a means of accomplishing what has long been sought, namely, a rapid diagnosis of rabies.

The Clamp vs the Ligature for Haemorrhoids.

Kelsey in an editorial in the N. Y. and Phila. *Med. Jour.*, states that nothing contributed to current literature for a long time on this special subject has been so clean cut, decisive and worthy of consideration as an article by McBurney. His ground is this: Make a clean dissection of the tumor; follow it up to the pedicle; tie; amputate; close the incision by suture; and strive for primary union. Kelsey advocates making a clean dissection of the tumor; follow it up to the pedicle, grasp with artery forceps, amputate and cauterize rather than ligate the stump, and wait for healing by granulation rather than hope for union by first intention. He states that haemorrhoids are vascular tumors and are to be treated as such. That to do this it is not necessary to amputate the rectum as in Whitehead's operation. That the clamp operation as applied to skin, haemorrhoid and everything in grasp, has never been taught; and has been the damnation of the method. He advocates as a clamp an ordinary broad-bladed artery forceps.

Congenital Elongation of the Left Lobe of the Liver.

Hammond reports a case of a young girl who consulted him for a painless tumorous distention of the epigastrium of nine years' standing and who had been suffering from spells of distressing discomfort at times for only about two years. These symptoms of dyspnœa, palpitation of the heart, feeling of distention and pressure were greater after eating and when lying upon her back. The condition had been variously diagnosed as gastroptosis, distention of the hepatic flexure of the colon, hydatid ir echinococcus cyst, sarcoma of the liver, and cyst of the pancreas. Syphilis was excluded. An operation disclosed the fact that the left lobe of the liver extended across the lesser curvature of the stomach and was flattened against the spleen. The tongue-like projection was six and one-quarter inches long by one and three-quarters inches wide. The stomach was pushed down so that the greater curvature was on a level with the umbillicus, the diaphragm was pushed up so that the apex beat of the heart was in the fourth interspace. There were no adhesions present and the left lobe of the liver was sewed to the anterior abdominal wall. The girl made an uninterrupted recovery with the complete disappearance of the distressing symptoms.

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EDITORIAL.

Medical Examiner's Fees For Life Insurance.

Much has been written during the last few months for the lay press in regard to life insurance. The magnitude of the financial transactions of the insurance companies are vividly portrayed by Henry Wisham Lanier in the *World's Work* for November, 1904, in an article headed, "Investing a Million Dollars a Day." The capital invested in life insurance is enormous, and the returns are correspondingly large; in fact, out of all proportion to the amount invested. The power of its money is felt in many of the financial enterprises of the day. That insurance companies are managed by men of high financial ability and conservatism, is shown by the fact that "no failure of a substantial conservative life insurance company has taken place in over a quarter of a century." The recent squabble over the presidency of one of the largest companies in this country has been the starting point for a discussion in the newspapers of many phases of the insurance question. While the discussion of some of these points might be profitable to the profession because of the relation of insurance companies to, and their dependence upon, the laws of mortality, in which the profession has an interest, it is of another phase not, so far as we have seen, treated by the many writers.

From information derived from an insurance agent and circulars sent us by subscribers, we are forced to the conclusion that there is an effort on foot to materially reduce the fees heretofore paid the doctor for examining applicants for life insurance. The fees generally for this work have been five dollars. A few exceptions to this have been noticeable, the fees being advertised as three dollars. We know of only one company which advertises this fee and invariably adheres to it. In the last few months other companies have notified their examiners and agents that after a certain date fees would be reduced, generally starting at three dollars for full examination for policies of lower sums to larger fees when the application calls for in-

creasing amounts. Why, though identically the same work on the part of the physician calls for three dollars for a one thousand dollar policy, and five dollars when the amount of policy applied for is over three thousand dollars, we fail to see. Possibly it is to induce the physician to use his influence in aiding the agent to secure applications for the larger amounts. The statistics at our command do not furnish information on this point, but possibly 90 per cent. of the policies issued are for sums of three thousand dollars and less. Of the policies in force December 31st, 1904, of eighty-six companies listed by the Spectator Company (an authority on insurance questions, we are informed), only two give the average amount over three thousand dollars, and over 60 per cent. of them are registered with an average of less than two thousand dollars.

An idea of the wealth of the insurance transactions of the nation can be gained, if we will comprehend the fact that over three hundred millions of dollars are invested by them each year.

With all this wealth the insurance companies are able to pay full value for services rendered. The justice or injustice, if there is any, of making larger fees for those more able to pay, we will not stop to discuss here. It is customary to do so not only in the medical profession, but in many other callings as well. We put it on the higher ground that the services rendered by the physician in an examination for life insurance is worth a liberal fee. The companies recognize that a high order of professional ability is essential, as demonstrated by the care exercised in selecting their medical examiners. Not only is the skill of the applicant for an examiners' position scrutinized, but his moral character and integrity must be vouched for before he is commissioned as examiner.

The examiner's position is one of great responsibility. He is the bulwark between the company and imposters. It is on him the company is compelled to rely for information on which to base an opinion as to the issuing of the policy. His importance to the company then is paramount. The interests of the company are in his hands, and the obligations under which he is placed toward it cannot be violated. He is, too, under obligation to the applicant, and to both company and applicant his relations are as confidential as in the capacity of physician and patient. It needs no argument to prove that positions of responsibility and trust merit a liberal compensation, for it is generally so conceded.

The application as made out by the examiner is part of a contract between the company and the applicant, and as such assumes the aspect of a quasi legal document. The opinions expressed by the examiner are expert, and as such are of more value because of the greater responsibility involved, and the extra care demanded and given them.

Insurance examinations require close study, a nice discernment, a well balanced judgment, and highly developed powers of observation. The best work of the physician is here demanded.

The physician owes it to himself and to his profession that adequate fees for professional services rendered be demanded and collected. The recent announcements by a few companies of reduction of fees may not mean that others will do likewise. We have no positive proof that this is a preconcerted move on the part of any considerable number of the insurance companies, and do not so charge. It is at least an entering wedge and it behooves the

profession to look well to its interests in the matter. Already the secret order societies with insurance features and the industrial insurance companies with curtailed examinations have made inroads upon the reducing of fees. While the arguments used in inducing physicians to perform this work for less than ordinary fees in these instances are successful, they have never appeared to us as sufficient, for the importance of the work demands full fees.

These encroachments should be resisted in their incipiency, and doctors everywhere should refuse to make examinations for companies for less than the established fee of five dollars.

The 1904 Examinations.

The Journal of the American Medical Association has tabulated the results of the examinations by the different Boards of Examiners made during the year 1904 and published the same in its issue of May 6th, 1905. These are so treated by States and colleges that the results can be figured out as to how the students from each State and college fared before its home or State Board and with the boards of other States in examinations for State license.

As the editor states, there is a wealth of information in these tables, if one will take the trouble to dig it out. Something of the character of the work may be gained from the fact that there are nearly fifty thousand lines, columns and figures in the various tables, four of them measuring each 15x18 inches.

We gather from these tables that the different boards examined 58 physicians from the North Carolina Colleges in 1904, with a percentage of failures amounting to 39.6. Of these, 44 were graduated in 1904 and showed a percentage of failure of 34.1. No graduates of North Carolian colleges prior to 1900 appeared before any of the boards in 1904. Of the thirty-two States furnishing applicants for license before the several boards, North Carolina ranks the highest, No. 32, according to lowest per cent., and No. 20 in accordance with the number examined. Our sister State, South Carolina, makes a better showing, so far as percentage is concerned, presenting 26 of all years for examination, with failures amounting to 7.7 per cent., and ranking No. 6 according to low per cent.

While we do not doubt in the least the correctness of these figures, State pride will not allow us to pass them unchallenged or at least without some further investigation and explanation. Two at least of our colleges are young —one of which has not yet graduated a class and another with only one to its credit. It would hardly be fair to judge all the colleges of the State by these figures, and with no desire to make invidious comparisons, but in justice to all, the figures for each individual college are given.

North Carolina now has four schools of medicine authorized to grant diplomas. The Medical Department of Shaw University (Leonard Medical School) is the oldest, having been chartered in 1882. Shaw University, as is well known in the State but possibly not elsewhere, is exclusively for the colored race. The next in point of age is the North Carolina Medical College, organized in 1889 as the Davidson School of Medicine and chartered under its present title in 1892. The Medical Department of the University of North Carolina and the Wake Forest School of Medicine were organized, as at present constituted, in 1903, the former graduating its first class in the

spring of 1904, the latter not yet having graduated a class.

Of the fifty-eight physicians from North Carolina colleges before the various examining boards in 1904, Shaw University furnished thirty-four. Of these, twenty-two failed to pass, a percentage of 64.7. Two failed before the North Carolina board, one in South Carolina and nineteen in Virginia. Twenty-three of these were graduates of 1904, fifteen of whom failed.

The North Carolina Medical College furnished twenty of the number applying for license—one of whom failed—5 per cent. Seventeen of these were graduates of 1904, all of whom passed. One of the twenty applied in Virginia and passed, the others applying in North Carolina.

The Medical Department of the University graduated four physicians in its class of 1904, all of whom passed the home board.

These figures show that leaving out those from Shaw University there was only one failure out of twenty-four applicants from North Carolina colleges, a percentage of 4.16. This is not written with the intention of condemning the work of Shaw University. We could wish the results were different, and hope for a better showing for it in the future. We know that its professors are conscientious and painstaking, and that it has turned out men well prepared for work who have accomplished much good in work with their own race. The intellectual position of the negro race is not equal to that of the caucasian, and the material furnished for preparing doctors is a handicap on the teachers.

North Carolina colleges make a good showing except Shaw University, and in this case we believe there are extenuating circumstances that should be considered before passing sentence.

Notes and Comments.

From the Buffalo Medical Journal we learn that the Osteopathy Bill before the New York State Legislature failed to pass by two votes, but the matter will probably come up again as it still required two additional votes to make a legal majority. The profession of the State is putting up a good fight on the question and we hope they will finally succeed in defeating the measure. A mass meeting of the physicians of Buffalo and Erie county regardless of school or affiliation, in number one hundred, discussed the measure proposed in the pending bill, and adopted resolution of protest as to its passage.

The April issue of The University of North Carolina Record describes the departments of Medicine and Pharmacy of the University and gives the matriculants of the scholastic year '04-5 in these departments. The medical students number one hundred and forty-six and are registered in the department of pharmacy. The requirements for matriculation and graduation are on a par with the larger and older colleges of the nation, and both departments are evidently doing good work.

The Journal American Med. Association gives a note of caution in regard to the anaesthetizer in operations. The patient is often in more danger from the anesthetic than from the operation, and the administrator should be specially trained for this work. Colleges should give more attention to teaching in this line.

The Medical World has been for several months rasping medical journals in general, and the Medical Brief in particular, for their advocacy of proprietary medicines in the editorials and

original articles of the respective journals. The Brief heretofore has been reckoned the champion of the manufacturers of secret and trade-marked pharmaceuticals, but its April and May issues are devoid of endorsement of any kind as touching this class of remedies. Lawrence claims for the Brief the largest circulation of any medical journal in the world and his May issue demonstrates the fact that he can get out a good journal without the aid of proprietary medicines. His editorial on Protecting the Normal Vitality contains a whole lot of excellent advice to doctors in regard to taking care of their own health. Doctors are prone to abuse mind and body by overwork and excesses that they condemn in others, and when in this devitalized state are not in proper condition for making a careful diagnosis or instituting correct treatment. Avoidance of stimulants and narcotics is insisted upon—exercise, plenty of water and mental rest and recreation are advised.

The Medical World in its May issue is congratulating itself upon the good work accomplished, but fears it will not last and thinks it will take three years refraining from boosting proprietary medicines in which he is interested to prove Dr. Lawrence's reformation.

The best reply or criticism of Dr. Osler's position relative to the age at which man's most effective work is accomplished we remember to have seen, appears in the April number of the Canadian Practitioner and Review, from the pen of Dr. Jno. Ferguson, of Toronto. The author recognizes Dr. Osler's position, and its force, but disagrees with him in his conclusions. Many opinions from other criticisms are quoted, all tending to show that the world owes a great deal to the work of old men. Scientifically considered, there must be a time of beginning decay of mental powers. Decay in creative power is often due as much to pathological conditions, as wrong-living, excesses, etc., as to physiologic decay incident to age. Age is an arbitrary standard, for one man is old at forty while another is young at fifty.

A fallacy in Dr. Osler's position is that he holds observation to be the proper pursuit of man before forty, *i. e.,* at the time of strongest power, and deduction to follow in the decline of his mental powers, *i. e.,* after forty years. This places the senses higher than the intellect. Practically, Dr. Osler's theory is harmful and his utterances are to be regretted. The old man has earned the right to live and work after sixty, and an opinion coming from such an authority as Dr. Osler makes it still more difficult for the old man to keep his place in the struggle for existence.

An examination of 500 names of notable persons in different walks of life shows seventy-five per cent. of them accomplished their best work after forty years of age.

After all, though, we cannot decide how much influence the foundations laid before forty had to do with the work of after years.

We do not entirely approve of the "I told you so" spirit, and it is in no way intended as a carping criticism to allude to the failure of the last legislature to adequately provide for the insane of the State. Its members thought they were doing the best they could under the circumstances, and the medical profession, as being interested in this class because of its relation to it as patients, appreciate what has been done; still the fact remains that much more is needed, which is brought forcibly to our attention by the publi-

cation of a letter written by Mr. Mann, superintendent of the penitentiary, to the Superior Court judges, calling their attention to the overcrowded condition of the department of dangerous insane (criminal insane) connected with the penitentiary, and asking that no more be sent there. Accommodations are made for 49 patients, and they now have 53, necessitating the locking of four patients each night in the ordinary cells of the institution for safety to attendants and other inmates. This means the confining of these people in the future in the common jails of the different counties. The members of the last legislature and the public may not realize this, but the medical profession knows that such a course tends to imbecility and death.

In hospital treatment there is some hope of ameliorations of the mental state, but for this class to be confined to the common jail is to destroy the small chance of improvement that exists. The closing line over the gates of the Infernal region, as given in Dante's Inferno—"All hope abandon ye who enter here"—would not be far amiss.

Dr. Searles, of the Journal of Medicine and Science, reviews in his journal for April, '05, Dr. Reed's report on the Panama Commission. A comparison between the Japanese army medical organization and our own is drawn and the subordination of the latter to other departments is forcibly emphasized. The unhealthy situation of the canal zone and the need of extra precautions for the preservation of the health of laborers are prominently considered, and a hope is expressed that physicians will use their influence with congressional representatives to prevent the sanitary department at Panama becoming a shame and a disgrace through the short-sightedness of those in authority.

Charge of Plaganism.

The "most junior assistant" editor of the Canadian Practitioner and Review gets off a neat charge of plaganism (only he doesn't call it this) in the May issue of that journal, under the title of "Obtained by Superior Ability." The fox, in Frando's "The Cat's Pilgrimage," objects to being accused of stealing the crow's dinner as not being pretty, saying it was obtained by superior ability. The aforesaid m. j. a. editor in his reading the "American Year-Book of Medicine and Surgery," published by W. B. Saunders & Co., and edited by Dr. Gould, came across a page that seemed familiar, and he doubted his own cerebration, while one part of his brain shouted to another part that he had read that before. After hours of struggle the junior emerged with the year-book in one hand and an editorial of the Practitioner from the senior editor in the other, and there page for page, line for line, comma for comma, was the identical editorial of the Practitioner given as the editorial of the Year-Book, with the exception of one paragraph left out of the Year-Book.

He does not find this definition of stealing, viz., "obtained by superior ability," in any of his medical dictionaries.

The Henderson County, Ky., Medical Society, at a meeting recently held, determined to present the name of Dr. Ephraim McDowell, one of Kentucky's illustrious sons and one of the most famous of American physicians, for one of the statues in the National Hall of Fame.

Dr. S. Weir Mitchell was 75 years old on February 15th.

Meeting of The Medical Society of North Carolina.

The fifty-second annual meeting of this Society was called to order on Wednesday, May 23rd, in the Guilford County Court House in Greensboro, at 10 a. m., by Dr. Charles Roberson, chairman of the committee of arrangements. The opening invocation was offered by Rev. Dr. H. W. Battle, of Greensboro. Dr. Chas. D. McIver, the gifted and genial president of the State Normal and Industrial College, extended to the visiting doctors a most cordial welcome to Greensboro on behalf of the Chamber of Commerce, of which he is vice-president.

He was followed by Solicitor A. L. Brooks, on behalf of the citizens, who bade the doctors welcome and turned the City of Flowers over to them. The remarks of Dr. McIver and Solicitor Brooks were greeted by rounds of hearty applause.

Dr. L. B. McBrayer, of Asheville, responded to these addresses of welcome in a happy speech in which he complimented the Guilford County Medical Society on the evidences of good fellowship shown by the hearty welcome that had been extended to the Society, and he congratulated the Society on having chosen Greensboro as the place of meeting.

The President of the Society, Dr. D. T. Tayloe, of Washington, N. C., now took the chair and delivered a magnificent address, the burden of which was "The Growing Need of Hospitals." Dr. Tayloe spoke of the fact that nearly all of the hospitals in the South have been built in the last twenty years, but their growth has not kept pace with the other progress. As population increase the ratio of injuries increase and the demand for hospitals is growing greater. The health of the average man is more important than education and the Twentieth Century conditions make more and better hospitals a necessity.

The address of Dr. Tayloe was a most interesting one and he presented in an able manner many interesting facts connected with the subject discussed. The speaker paid a high tribute to Dr. J. Howell Way, of Waynesville, the secretary of the Society, for the work he has done in securing information relative to hospitals. At the conclusion of Dr. Tayloe's address a resolution that it be printed in pamphlet form and distributed was adopted.

Then followed the reading and discussion of interesting medical papers by the members.

The house of delegates recommended the adoption of resolutions pledging the members to resist the efforts of certain insurance companies to dictate rates which physicians should be paid for examinations of applicants for insurance and to lower the fees for such service. The following resolutoins were unanimously adopted:

Resolved, That the House of Delegates of the Medical Society of the State of North Carolina recommend to the State Society the adoption of the following preambles and resolutions:

Whereas, The fee of $5.00 for each examination of an applicant for life insurance (including a chemical analysis of urine, or even when no urine analysis is required) whatever amount of insurance is applied for, and an additional fee of $5.00 for each microscopic examination, is in the opinion of the Society both just and reasonable; and,

Whereas, A number of old line life insurance companies have recently sent to the members of this Society in many parts of the State a schedule of fees

for life insurance examinations much below those stated above, and have declared that after a certain specified date they will not pay to their examiners fees larger than those prescribed by themselves; therefore,

Resolved, That the Medical Society of the State of North Carolina denies the right of life insurance companies to fix the fees which medical men shall charge for their services, and does hereby urgently recommend that each of its component County Medical Societies shall maintain the schedule of fees indicated in the first preamble above, for the reasons stated therein, and shall reserve to itself the right to fix fees for all services rendered by its members to any and all persons or corporations.

Resolved, That we do not deem it ethetical to accept any compensation from any life insurance solicitor or life insurance examinations supplementary to the fees charged the company.

Resolved, That in the opinion of this Society it is incompatible with the principles of medical ethics adopted by it for members of one County Medical Society to go into other counties and examine applicants for insurance at a lower rate than the fees fixed for said services by the Medical Society of the county or counties to which said members shall go.

Resolved, That the Secretary of the State Medical Society be instructed to send to the Secretary of each County Medical Society a copy of these preambles and resolutions, and shall urgently suggest prompt action on the part of each county society.

THOS. S. MCMULLEN, *Chmn.*,

A. W. KNOX,

JAMES A. BURROUGHS.

ELECTION OF OFFICERS.

After the adoption of the resolutions Secretary Way read the following report of the committee on nominations from the House of Delegates, and it was unanimously adopted:

President—E. C. Register, Charlotte.

First Vice-President—L. B. McBrayer, Asheville.

Second Vice-President—W. H. H. Cobb, Jr., Goldsboro.

Third Vice-President—W. O. Spencer, Winston.

Orator—J. M. Parrott, Kinston.

Essayist—T. S. McMullen, Hertford.

Leader of Debate—S. D. Boothe, Oxford.

Secretary—J. Howell Way, Waynesville.

Treasurer—G. W. Sykes, Grissom.

Delegates to American Medical Association—J. Howell Way, Waynesville; J. A. Burroughs, Asheville.

Committee on Public Policy and Legislation—R. H. Lewis, Raleigh; G. G. Thomas, Wilmington; P. L. Murphy, Morganton; E. C. Register, Charlotte; J. Howell Way, Waynesville.

Finance Committee—D. A. Stanton, High Point; C. J. Sawyer, Windsor; S. P. J. Lee, Dunn.

Obituaries—K. P. Battle, Jr., Raleigh; C. M. Poole, Craven; H. H. Harris, Wake Forest.

Scientific Work—R. H. Whitehead, Chapel Hill; O. C. Daniels, Oriental; J. Howell Way, Waynesville.

Virginia Medical Society Delegates—J. E. Grimsley, Greensboro; J. B. Knight, Williamston; Cyrus Thompson, Jacksonville; S. D. Boothe, Oxford; A. S. Pendleton, Henderson.

South Carolina Medical Society Delegates—D. J. Hill, Lexington; J. R. Gordon, Jamestown; W. R. Kirk, Hendersonville; B. S. Warren, Wilson; D. A. Garrison, Bessemer City.

Mississippi Valley Medical Association Delegates—H. H. Dodson, Greensboro; S. M. Mann, Moyock; J. A. Turner, High Point; R. E. Mason, Charlotte; J. A. Stevens, Clinton.

State Board of Health—George G. Thomas, Wilmington; Thos. E. Anderson, Statesville.

Place of meeting, 1906, Charlotte.

Chairman local committee of arrangements—R. L. Gibbon, Charlotte.

Just before adjourning for dinner there was a conjoint session of the Medical Society with the State Board of Health, at which a number of matters of interest were discussed.

After this, the State Board of Health held a meeting and listened to a splendid paper by Dr. A. J. McKelway, of Charlotte, on "The Physical Condition of Cotton Mill Children."

At the close of the second day's meeting the Guilford County Medical Society gave a buffet supper to the visiting members, of whom upwards of 600 were present.

On Thursday the meeting of 1905 adjourned, going down in history as the largest in point of attention since the organization of the Society and one of the best from a scientific standpoint.

Greensboro's welcome was most cordial and the "brethren" spent a most enjoyable time.

Forty-Third Annual Session of State Board of Medical Examiners, Held at Greensboro, N. C., May 17-20, '05

MATERIA MEDICA AND THERAPEUTICS, J. T. J. BATTLE, M.D., GREENSBORO.

1. Give dose and physiological action of *Ipecacuanha,* mention alkaloids.

2. Dose and physiological action of *Chloral Hydrate.*

3. Give preparations of *Nux Vomica,* doses, its principal alkaloid, symptoms of lethal dose.

4. Give technical name of *Jamestown weed,* its alkaloids, symptoms and treatment of poisoning by.

5. *Cocaine,* dose, toxic symptoms and treatment.

6. *Gelsemium,* dose of Tr. and F. E., its alkaloid and dose, symptoms and treatment in case of poisoning.

7. Physiological action of *Cannabis Indica.*

8. Explain effect of *Acetanilid* and the cyanosis it sometimes produces, dose.

9. Give dose and therapeutic uses of *Sparteine.*

10. If any reason why these combinations should not be used, give them.

1. Pulv. Ipec.
   Acid. Tannic.
   Plumbi Acet.
2. Antepyrin.
   Spts. Aether Nitrosi.
3. Tr. Ferri.
   Tr. Nuc. Vom.
   Tr. Cinch. Co.
4. Cocaine Hyd.
   Sodii Borat.
   Aq. Rosae.
5. Potassii Permang.
   Hydrogen Perox.
   Aq. Destil.
6. Spts. Turpentine.
   Tr. Iodine.
   Lin. Chlorof.

ANATOMY AND HISTOLOGY, JAMES M. PARROTT, M.D., KINSTON.

1. Describe the upper extremity of the Humerus?

2. Describe the Middle Meningeal Artery (Meningea Magna) after it emerges from the foramen spinosum, giving its distribution; state at what

point you would trephine to stop homorrhage from this vessel?

3. Describe the Island of Riel (or Insula) or Central Lobe?

4. Describe and give the relations of the Tonsils?

5. Describe and give relations of the Internal Mammary Artery?

6. Give the relations of the left Kidney?

7. What are the boundaries of the Femoral Canal and give the relations which it bears to the Deep Epigastric and Obturator Arteries and the Spermatic Cord?

8. Give Attachments of the Ligaments of the Hip Joint?

9. Give the origin and distribution of the (4th) Fourth Pair of Cranial Nerves (Pathetic Nerve)?

10. Give the distribution of the Musclo-Spiral Nerve and name its branches?

N. B.—Answer only (8) eight questions.

PHYSIOLOGY AND HYGIENE, CHAS. O'H. LAUGHINGHOUSE, M.D., GREENVILLE.

1. What action has crystal pancreatic Juice upon Nitrogenized substances?

2. How is inspired oxygen absorbed into the system?

3. What conditions modify Temperature in the Body?

4. Name the Vascular or Ductless Glands?

5. Give origin and functions of Bile?

6. Give functions of Liver?

7. Give functions of Cerebellum?

8. Give functions of Anterior Roots of Spinal Cord?

9. What nerve endows the tongue with motion?

10. Differentiate between an Antiseptic and a Disinfectant?

CHEMISTRY.

1. What are hydrates?

2. Distinguish between deliquescent and efflorescent substances.

3. What is alcoholic fermentation?

4. Give name and formula of three acids used in medicine.

5. Write a chemical equation.

6. Chemical antidote for Nitrate of Silver.

7. What is contained in the so-called hard waters?

8. Name the inorganic salts of the blood.

9. Normal temperature of the body in Centigrade Scale.

10. Convert 1 c. c. of water to minims.

11. What is Iodoform chemically?

12. Complete the following:

$$K^2C\,O^3+H^2\,O+CO^2=$$
$$Ca\,Cl^2+Na^2\,CO^3=$$
$$2\,C^2\,H^5\,O\,H+H\,N\,O^3=$$

Answer any ten questions and only ten.

OBSTETRICS, GYNECOLOGY AND PEDIATRICS, DR. M. H. FLETCHER, ASHEVILLE.

1. The True Pelvis—Describe the Superior strait, the Inferior strait, giving boundaries of each.

2. Describe preparation for delivery after labor has actually begun, the necessary articles to be gotten together, preparation of patient, physician, patient's bed, etc.

3. Give treatment of delay in the first stage of labor. Treatment for antepartum eclampsia at 6th or 7th month.

4. Give differential diagnosis between pregnancy at the third month and an interstitial fibroid of the uterus.

5. Give Etiology and symptoms of Pelvic Cellulitis.

6. Give symptoms and treatment of Endometritis.

7. Give directions for care of newborn baby for the first twelve hours after birth.

8. Give symptoms and treatment of Acute Catarrhal Bronchitis in a child two years old.

9. Give etiology, lesions, prophylaxis and treatment of Acute Gastro-enteric Infection. (Summer Diarrhœa in children).

Answer any eight questions and only eight.

PRACTICE OF MEDICINE, A. A. KENT, M.D., LENOIR.

1. Give etiology of Lobar Pneumonia.

2. Give the symptoms of Hemorrhage in Typhoid Fever.

3. Define Loco-Motor Ataxia and give the anatomical lesion.

4. Give treatment for Sciatica.

5. Where is the point of tenderness in Appendicitis, in Hepatic Colic (Cholocystalgia), in Nephritic Colic (Nephralgia) of right side?

6. Give treatment for Gonnorrheal Arthritis.

7. Give treatment for Aortic Stenosis.

8. Give symptoms of Tubercular Kidney.

9. Write a single prescription for Erysipelas.

10. Outline briefly the treatment of Glycosuria.

EXAMINATION IN SURGERY, F. H. RUSSELL.

1. Give Etiology of Erysipelas, Carbuncle, Septicaema?

2. Give general plan of treatment in cases of inflammation and suppuration?

3. Give the general and local treatment of hemorrhage?

4. Give in detail the preparation of a patient for laparotomy?

5. Give treatment of acute suppurative Osteomyelitis?

6. Give treatment of compound fracture of lower one-third of Femur?

7. Describe circular method of amputation through upper one-third of leg?

8. Give causes and symptoms of Compression of Brain?

9. Diagnosis of penetrating wounds of abdomen?

Eighty-Eight New Doctors.

Names of Those Who Passed the Medical Examination.

There were one hundred and twenty-nine applicants for license, one withdrew and did not stand the examination. The other one hundred and twenty-eight went before the board and eighty-eight of the number passed the examinations and were granted license. The following is the report and names of the successful applicants:

We have completed the examination of 129 applicants, representing 39 medical colleges, and find that 88 made the required per cent. and are entitled to license to practice in North Carolina. One withdrew, 40 failed. The name and address of the successful applicants are as follows, viz.:

J. Peebles Proctor, Williamston.
Henry J. Garrigues, Tryon.
Baird U. Brooks, Nashville.
Baxter S. Moore, Charlotte.
Brodie C. Nolle, Charlotte.
Baxter M. Haynes, Cliffside.
Joseph W. Halford, Chalybeate Springs.
Joseph F. Blake, Chadbourn.
Isaac J. Archer, Black Mountain.
Lorenza S. Webb, Windsor.
John B. Cranmer, Chapel Hill.

Joseph W. Summers, Davidson.
Owen Smith, Asheville.
Herbert E. Rowe, Newton.
John C. Dye, Fayetteville.
Bertie O. Edwards, Laurel Springs.
Cyrus J. McCoombs, Mint Hill.
Wm. C. Mebane, Mt. Airy.
John S. Harrisan, Elm City.
Henry B. Perry, Sweet Water.
Harley G. Brookshire, Emma.
James L. Wyatt, Wadesboro.
Alpheus W. Disosway, Newbern.
Milton R. Gibson, Gibson.
Edward McL. Sally, Tryon.
Philip W. Flagge, Greensboro.
Edward V. Harbeck, Gem.
Harry A. Eberlee, Greensboro.
Wm. P. Reeves, Greensboro.
Wilbur A. McPhaul, Ashpole.
James M. Wells, Shelby.
James F. Carroway, Asheville.
Emmette E. Walker, Snow Hill.
Laurie J. Arnold, Sanford.
Wm. C. Bostic, Forest City.
J. Floyd Martin, Yadkinville.
Ralph S. Stevens, Smithfield.
Quintan H. Cooke, Aulander.
Thos. G. Basnight, Stokes.
Wm. D. Witherbee, Charlotte.
Ashley M. Benton, Evergreen.
Carl W. Sutton, LaGrange.
Joseph H. Norman, Brinkleyville.
Joseph N. Moore, Wilson.
Mont R. Farrar, Greensboro.
Edward L. Thomas (col.), Charlotte.
Andrew J. Christian (col.), Winston.
Lewyn E. McCauley (col.), Raleigh.
John A. Baxter (col.), Rocky Mt.
John L. Carroll, Asheville.
Jesse E. Cocke, Asheville.
John Donelly, Charlotte.
L. B. Newell, Newell.
Isaac E. Burnett, White Rock.
Jefferson F. Landen, Chinquapin.
Chas. W. Woodson, Salisbury.
James J. Philips, Tarboro.
Ivan P. Battle, Rocky Mount.
Julius A. Caldwell, Jr., Salisbury.
Joel Whitaker, Raleigh.
Wm. A. Brumfield, Renan, Va.
John B. Williams, Jr., Oxford.
W. Talmage Long, Roxboro.
Geo. S. Hill, Marblehead, Mass.
Wm. Moncure, Raleigh.
Squire F. Tillatson, King.
Cassius H. Morgan, Higgins.
Fielding L. Ashton, Richmond, Va.
Delas D. Hooper, Tuckaseigee.
Eustace H. Sloop, Mooresville.
Geo. M. Cooper, Clinton.
Wm. D. Deshozo, Spencer, Va.
John S. Gibson, Gibsons.
Archibald W. Graham, Charlotte.
Frisby T. McKing, Ruffinsville.
De Lacy Faust, Liberty.
Arthur B. Croom, Maxton.
Oswold O. Kafer, Newbern.
James A. Stone, Shallotte.
Edgar C. Person, Pikeville.
Kemp P. B. Banner, Aurora.
Joseph H. Saunders, Washington.
Alice E. Johnson, Southern Pines.
Robt. S. Carroll, Asheville.
Robert C. Jacox (col.), Franklin, Va.
Joseph A. Duguid, Newbern.
Chas. M. Clodfetter, Lexington.

First Honor—Leone B. Newell, of Newells, 95 6-7.

Second—James J. Philips, of Tarboro, 94 4-7.

Third—Eustace H. Sloop, of Mooresville, 93 3-7.

The following is a resolution adopted by the Board of Medical Examiners some time ago relating to applicants for license:

Whereas, It is the observation of the members of the Board of Medical Examiners that young men who have not had sufficient academical training and education, before entering upon the study of medicine, are as a rule

not well prepared and stand poor examinations for license to practice medicine,

Resolved, That the Board of Medical Examiners do earnestly urge that the members of the North Carolina Medical Society and the medical profession of the State shall use their influence to the end that young men who have not had proper preliminary education shall not enter upon the study of medicine.

The Board of Examiners is composed of Dr. T. O'H. Laughinghouse, chairman, Greenville; Dr. George W. Pressley, Charlotte, secretary; Dr. M. H. Fletcher, Asheville; Dr. J. T. J. Battle, Greensboro; Dr. A. A. Kent, Lenoir; Dr. James M. Parrott, Kinston.

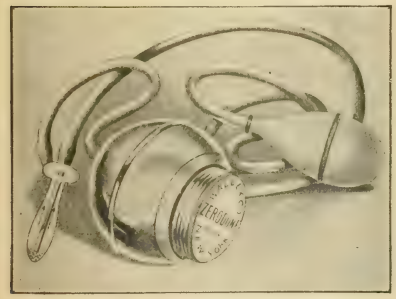
Selections From Our Exchanges.

New Inventions.

The Zerodone; A Rectal Cooling Apparatus for the Treatment of Internal Hæmorrhoids, Acute and Chronic Prostatitis, and Irritable Bladder.

BY A. ROSE, M.D., NEW YORK.

The peculiar feature of this elegant contrivance is a water chamber from which, by means of the working of a rubber bulb, a double current passes through a cylinder inserted into the rectum. There is no connection with a fountain syringe, as in the original Arzberger's or in Kemp's and others' apparatus, nor a siphon, as in Mattison's rectal cone.



THE ZERODONE.

The chamber—in case of cold application being desired—is filled with as much ice as it will hold and cold water up to the screw

The bulb is then to be gently squeezed until completely collapsed, then allowed to resume its natural shape, and this may be repeated to make sure that the air in the channel through which the current is to pass is exhausted. If necessary, add now enough water to fill two-thirds of the chamber, then screw the cap on tight.

By pressing the bulb the water returns from the cylinder into the chamber; by releasing the bulb the water is forced back again into the cylinder.

All these cooling apparatuses, like Arzberger's, on which this Zerodone is an improvement, have proved to be very valuable in the treatment, not only of hæmorrhoids, but also of acute and chronic prostatitis. H. Goldenberg (Journal of Cutaneous and Genitourinary Diseases, 1896) attributes to the early use of Arzberger's instrument the fact that not a single case went on to suppuration. For cases of considerable enlargement of the prostate gland, especially of an acute character, where the cooling sound could only be introduced with great difficulty and with much inconvenience to the patient, he has devised a modified form which can be attached to the Zerodone. For twenty-five years I have made use of and prescribed Mattison's rectal cone or a simple cone to be connected with a fountain syringe in case of hæmor-

rhoids and prostatitis, but I find this new contrivance preferable on account of greater simplicity and because it is less apt or hardly at all apt to get out of order.

In acute cases of prostatitis iced water is indicated, in chronic cases water as hot as the patient can stand.

The Zerodone, like the other contrivances called coolers, can be made to have currents of hot water wherever these are indicated.

They all may serve, proper attachments being provided, to apply dry heat or dry cold in the vagina.—N. Y. Medical Journal.

The following is clipped from the Editorial Notes of Pa. Med. Journal, for April, 1905:

A MERE MATTER OF BUSINESS SAGACITY.

The secretary's office has on file numerous letters showing the value of membership in the local societies. The last two received chance to be from insurance companies, each of which now pays five dollars for its medical examinations. Omitting printed heads these read as follows:

———, March 7, 1905.

Dear Doctor:

Enclosed find twenty-five cents in stamps, for which please send our Medical Department copy of the Pennsylvania Medical Journal containing list of members of your State society. For some years we have so far as possible selected our examiners from those who are members of their home medical societies. Truly yours,

———, Medical Director.

———, April 4, 1905.

Dear Doctor:

Will you kindly send us with bill copy of the last published list of the members of the Pennsylvania State Medical Society? We are revising and completing our list of medical examiners and wish a list of members of all regular societies for reference.

Respectfully yours,

———, Asst. Med. Director.

Not all these letters tending to show the importance of membership in medical societies touch upon the financial side. Some speak of the social advantages, many of the scientific opportunities. One friendly letter shows how the writer's connection with a society helped him "keep up courage" during the hard times of the first years of his now very successful practice. S.

At the meeting of the Wayne County Medical Society this week a motion was made and resolved that no member of the profession of the Wayne County Medical Society make insurance examinations for ordinary life insurance for less than $5.00, where urinary analysis is required, nor for less than $10 where microscopical urinary analysis is required, and further resolved that this be published in the Goldsboro Argus.—Daily Argus.

Free Alcohol.

There is probably no nation on the face of the earth that is suffering more in its financial and commercial enterprises from high-priced alcohol than the American. All European countries permit the use in arts and manufactures of an alcohol which has been denaturized—that is to say, made unfit for human consumption by the addition of certain noxious substances. The American medical and pharmaceutical professions are especially in need of cheap alcohol, as it enters so extensively into the preparation of the products they demand. Not only is every tincture and every extract which they use

dependent upon alcohol for its preparation, but it enters largely into the manufacture of countless subsidiary necessities.

It is therefore the duty of the medical profession to support the Boutelle free alcohol law now before Congress. As it is now, industrial alcohol and alcohol for beverages are treated alike, both being classed as distilled spirits and subjected to a tax of $1.10 on the proof gallon of 50-per-cent. alcohol, and as commercial alcohol is 94 per cent. this subjects the product to a tax of $2.17 per gallon. So the American manufacturer commences to compete with his European rival with alcohol costing him over $2.25 a gallon, while his European competitor uses a product costing 15 cents a gallon.

In a recent number of the *Scientific American* a writer records some uses to which cheap alcohol would apply, and some of the purposes for which it is used in countries where it is not taxed. It is a better fuel for the automobile than gasoline. It is preferable for domestic cooking and heating, and as an illuminant when used with the incandescent mantle it rivals the electric light. Alcohol enters into a thousand manufactured articles, such as varnishes, lacquers, bronzes. It is used as a solvent in straw goods, in hats, and fine shoes. It takes one and a quarter pounds of alcohol to make one pound of smokeless powder, and the present tax doubles the cost of this commodity, and so increases public taxation. In the color industry, in woolen goods, in printer's ink, and in dyeing it enters largely, and many industries have been driven out of the country because of its dearness.

The automobile will probably never be satisfactorily propelled until alcohol is used for combustion purposes, and the doctor and the automobile will never be harmoniously united until this is brought about. There is abundant reason why we should advocate reform. The dangers to temperance can be easily compassed by certain wise and simple restrictions. The pharmaceutical trade may well say, "Give us free alcohol and we will beat the world."—*Medical Age.*

Blank Cartridge Tetanus.

D. H. Dolley, Cleveland, Ohio, (*Journal of the A. M. A.*., February 11), has investigated blank cartridges from several makers with special reference to their bacteriologic contents, employing cultural and incubation, as well as microscopic methods. The findings were rather negative as regards the tetanus bacillus, but the *Bacillus aerogenes capsulatus* (Welch) was present in a large proportion of the cartridges examined. Notwithstanding this fact tetanic symptoms developed in a number of the animals inoculated, and in still other animals inoculated from cultures from these. His conclusions are: 1. *B acterogenes capsulatus* (Welch) is present in a large proportion of the wads of the three makes of the cartrides examined. 2. The wads of the Peters Company, inoculated in rats, guina-pigs and rabbits, produced characteristic symptoms of tetanus. 3. The powder of the three varieties of cartridges examined were negative for *B. tetani* and *B. aerogenes capsulatus.* 4. My efforts of isolation of *B. tetani* from the wads have so far been unsuccessful. 5. There is abundant evidence, from clinical observations and animal experiments, that the wads of certain blank cartridges contain *B. tetani.* He says that Dr. Welch told him that he considered it diagnostic to see an animal in convulsions.

Electricity For Chronic Constipation.

HARNEY gets admirable results in the treatment of chronic constipation with galvanic or static electricity. (North West Medicine, Jan., '05). For galvanic current fifteen to twenty milliamperes, interrupted one hundred and twenty times per minute, are used: two hand sponge electrodes, wet and soaped, three inches apart, are passed over the colon in the direction of the passage of fecal matter for five minutes; then the position is placed over the liver, negative mobile as before for two and a half minutes; then positive to stomach, negative as before for two and a half minutes. For static the singing surrent is used with patient on side of chair on insulated platform, metallic electrode introduced into anus, attached to positive pole, negative pole grounded; conductors are gradually separated until six or eight inches apart; regulate speed so as to give one hundred and twenty sparks a minute.

This treatment overcomes the atonic condition of the muscular coats of the intestines and this cures the constipation.

NEWER MATERIA MEDICA.

Intestinal Ulceration.

BY A. F. FOYE, M.D., WASHINGTON, D. C.

The patient in this case was a woman 82 years old. Her trouble was of several years' standing, during which time she had been unsuccessfully treated for various forms of gastro-intestinal affections. I found that there was a great deal of pain, at times very acute, in the region of the duodenum and a careful examination of the daily stools showed a number of black crusts which, with other symptoms, indicated an ulcer. As there was much acid fermentation and gastritic disturbance, I thought the use of Glyco-Thymoline would be effective and began with tablespoonful doses every three hours. The results were wonderful. Not only were the gastritic conditions corrected speedily, but the pains and soreness was lessened in the duodenal tract and the quantity of black crusts in the stools greatly lessened. I had the patient under the care of a trained nurse and told her to keep up the Glyco-Thymoline treatment and closely watch the stools and report to me daily. This was done and the improvement steadily continued until, after some three weeks' treatment, there was no pain nor soreness and no trace of the crusts. Her appetite had returned and she could digest and assimilate her food without any distress, something she had been unable to do for a number of years. After another week or so I found that every indication pointed to a cure and discontinued the treatment. That was over a year ago. She has not had the slightest return of the bad symptoms and her general condition is remarkably good for a woman of her age. As it is, she apparently has a number of years of life before her and as Glyco-Thymoline alone was used, the inference that it saved her life is not overstrong. I cannot say too much in its praise and shall use it wherever its use is indicated.

Treatment of Felons.

Felons are classed as minor surgery and yet many a finger has been lost through their careless treatment. Antiphlogistine is a specific in incipient cases. Apply hot, change every 6 or 8 hours and resolution will as a rule occur without the formation of pus.

If pus has already formed incise deeply and freely. Thoroughness is essential. Evacuate and cleanse with a suitable antiseptic. Insert a drainage tube. Surround the finger with Antiphlogistine. Cut the drainage tube ¼ inch above the surface of the Antiphlogistine. Cover all with absorbent cotton and a bandage. The results will be satisfactory.

That Acetozone is a valuable germicide is demonstrated by its effects upon typhoid bacilli and cholera vibrois in river water. In their experimental work Freer and Novy (Contributions to Medical Research, p. 107), made the following tests:

a. A cylindrical glass-wool filter was prepared, and on it was placed a layer of Acetozone crystals, about 3 cm. thick. A bouillon suspension of typhoid bacilli passed once through this filter yielded a sterile filtrate, while control tubes gave the usual abundant growth.

b. A liter of tap-water was sterilized by heat and, when cool, a suspension of cholera or typhoid germs was added, the experiment being repeated several times. Ten to twenty milligrams (1-6 to 1-3 grain) of Acetozone was added and, after thorough shaking, portions of the liquid were taken out and planted in bouillon and agar which was plated. In each instance the cholera germs were destroyed completely in five minutes and the typhoid germs in fifteen minutes, by the extremely small quantity of Acetozone used. It should be observed that the addition of 10 mg. of Acetozone to 1 liter of water represents a solution of 1 part to 100,000. Controls gave abundant growths, the plates yielding 600,000 to 800,000 colonies.

From the above experiments the authors draw the conclusion that pathogenic organisms are destroyed by extremely small amounts of Acetozone. They also suggest the practicability of this agent for the purification of contaminated waters, especially in connection with military operations. From other experiments it was found that even sewage can be rendered almost sterile by the addition of relatively small amounts of Acetozone.

Therapeutically, Acetozone is being very widely used in the treatment of typhoid fever, intestinal diseases, notably summer diarrhœas in children, in gonorrhœa, suppurating wounds and infectious processes generally. It is prescribed in the saturated aqueous solution, which is prepared by adding 15 grains of Acetozone to a quart of water, shaking thoroughly and setting aside for a couple of hours to hydrolize. Messrs. Parke, Davis & Co., who prepare Acetozone, are sending out printed matter to physicians containing reports of very gratifying results from the use of this interesting compound. Any physician who has not received a brochure can obtain one on request.

Some Facts About Sanmetto.

Sanmetto is a combination of the virtues of santal and saw palmetto in a pleasant menstrum of aromatics. In your practice you will find many diseased conditions in which Sanmetto will be indicated. I will name some of these diseases, and you have only to prescribe this remedy. Be careful as to diet and exercise as you would in prescribing any other remedy, and you will soon find it the best friend you ever had. Cystitis, both acute and chronic; enlarged prostrate, with its usual irritation of neck of bladder and sensitive urethra; urethritis, both specific and non-specific; impotence, either

due to excess or premature decay; and simple irritation of any part of the genito-urinary tract. It is also a great aid in treating many diseases of the pelvic organs in the female. Also seminal emissions and prostatorrhea, hematuria and enuresis are well treated with this remedy, except where surgical interference is necessary.

C. W. CANAN, M. D.
Orkney Springs, Va.

The "Biniodized Oil" of Panas in Syphilis.

BY ROBERT ORMSBY, M.D., NEW YORK.

Professors Panas and Fournier, of Paris, were the first to suggest the hypodermic use of biniodide of mercury dissolved in oil, which is now becoming so popular under the name of cypridol, a name selected because it is often necessary to use some little consideration towards the patient, and cypridol does not suggest the specific nature of the disease to those about him. I have used it quite extensively and find it the most satisfactory of all the hypodermic mercurial preparations for more reasons than one, but chiefly because it does not cause nodules, pain or salivation, and, while the oily solution of biniodide, as proposed first by Panas, was a weak solution, requiring rather large amounts to be injected, this one is a 1 per cent. solution of mercuric iodide and therefore small amounts injected are sufficient. It appears also to be more prompt in its action than other preparations of mercury. I used it lately in a gumma of the eye, which had been neglected until the eye had opened through the breaking of the tumor. Iodide of potassium failed, even in large doses, to arrest the destructive processes, but eight minims of cypridol injected hypodermically caused the disintegration to stop immediately and it completely healed over within a week. Four injections were given to obtain this satisfactory result.

At such critical times, where sight is endangered by delay, it is folly to delay these injections or rely on the slow process of absorption of mercury exhibited by the mouth, when such rapid results follow intra-muscular injection of cypridol. Cypridol in capsules can be given by the mouth in ordinary specific cases where no serious symptoms are present and is to be commended once the case is brought well under control with the injections. In my opinion, no internal mercurials should be used until such control has been obtained hypodermically.

Prevention of Cerebro-Spinal Meningitis.

Authorities recognize that Cerebro-Spinal Meningitis develops in systems only where Acid Intoxication exists, and that when established it yields to the salicylates.

Therefore, to prevent the development of this much dreaded malady, Acid Intoxication must be corrected whenever it is found to exist. To this and there is nothing so appropriate and so effective as Sulpho-Lythin given in appropriate doses twice a day, because it re-establishes normal elimination, puts a stop to the absorption of irritating toxines and restores normal alkalinity of the blood.

The dose is a teaspoonful in hot water at bed time, at least four hours after the last meal of the day, and again in the morning an hour before breakfast. This dose is to be diminished as soon as the liver responds freely; but the remedy may be continued advantageously for several weeks when necessary.

Literature and samples on application to the Laine Chemical Co., 55 Liberty St., New York.

Antikamnia.

(Therapeutic Indications.)

Antikamnia is an American product, and conspicuous on this account and because of the immense popularity which it has achieved, it is to-day in greater use than any other of the synthetically produced antipyretics. The literature is voluminous, and clinical reports from prominent medical men in all parts of this country, with society proceedings and editorial references, attest its value in actual practice in an endless variety of diseases and symptomatic affections, such as the neuralgias, rheumatism, typhoid and other fevers, headaches, influenza and particularly in the pains due to irregularities of menstruation. Antikamnia has received more adverse criticism of a certain spiteful kind, particularly directed against its origin—and because of its success—than any other remedy known; critics have seemed personally aggrieved because of its American source, and that it did not emanate from the usual "color works," but their diatribes have fallen flat as do most persecutions and unreasonable and petty prejudices. The fact stands incontrovertible that Antikamnia has proved an excellent and reliable remedy, and when a physician is satisfied with the effects achieved he usually holds fast to the product. That is the secret and mainspring of the Antikamnia success. It is antipyretic, analgesic and anodyne, and the dose is from 5 to 10 grains, in powder, tablets or in konseals taken with a swallow of water or wine. When prescribing Antikamnia, particularly in combination with other drugs, it is desirable to specify "in konseals," which are rice flour capsules, affording an unequalled vehicle for administering drugs of all kinds.

A Simple Nasal Douche.

Our attention has been called to a simple but very effectual nasal douche designed by Dr. H. M. Dunlap. This little device, also the manner of using same, is shown in the accompanying illustration. The douche is so constructed that as the fluid is drawn up from the tumbler as shown in the illustration, air is drawn in with the fluid, causing the latter to be broken up into drops and thrown into every part of the nasal passages, producing a sort of percussion effect with just enough force to dislodge the adherent secretions. By using an alkaline solution the mucous membrane is very effectually cleansed and prepared for the application of any desired medicament, either with applicator, sprays or nebulizers. One special advantage of a douche of this kind lies in the fact that it is absolutely impossible to introduce the fluid into the nasal cavities or pharynx under any pressure, nad there is therefore absolutely no danger of injuring the middle ear. It is a particularly desirable device to place in the hands of patients for home treatments. In this way the nasal passages can be kept in an aseptic condition by frequently repeated applications.

An Unexcelled Combination.

One part of Neurosine to two parts of Dioviburnia in the following:

Hysteria, Eclampsia, Melancholia, Female Neuroses, Uterine Congestion, Ovarian Neuralgias, an efficient Diuretic, Asthma Sexualis, Uterine Irritability, Lumbago, Menopause, Menstrual Colic, Anemic Nervousness, Nervous Prostration, Reflex Cough, De-

layed Catamenia, non-descriptive cases, Subacute rheumatism, Rheumatic, Sciatic, False Pains of woman and Neurastehnia caused by Uterine Diseases.

Dioviburnia.

The most efficient uterine tonic, alterative, antispasmodic and anodyne.

Indications: Parturition, Leucorrhea, Menorrhagia, Dysmenorrhea, Miscarriage, Vesical Tenesmus, Diarrhea, Dysentery, Ovaritis, Chlorosis, Endometritis, Subinvolution, Matrorrhagia, Prolapsus Uteri, Threatened Abortion, Puerperal Convulsions, Vomiting of Pregnancy, Relaxed Condition of the Uterus, etc.

Dose: Teaspoonful to tablespoonful, in hot water, three times a day.

ALKALOMETRY.—We invite the attention of our readers to what Abbott Alkaloidal Co. have to say on this interesting subject on page xiii. The business which this firm has built up in a few years is a surprise to the business world. The secret of their success is not hard to find. There was a sensible need of the Alkaloids in convenient form. Abbott & Waugh had the foresight to see this need and the business ability to supply it properly.

At the time I had charge of the medical department of the Taladega Furnace Company and the B. & A. Railroad Company, of Alabama, I had under my observation some 1,200 men and women. My stay there continued for nineteen months, and during this time I used very little calomel, and in its stead employed Chionia for liver troubles with the best results. It is not necessary to state individual cases, but I will say that no remedy can equal Chionia as an hepatic tonic in cases of yellow skin, loss of appetite and bowel derangement. Chionia can be depended upon in clearing up these various disturbances which usually accompany or follow functional disorders of the liver.

B. F. LAIRD, M. D.
Covington, Ky.

Neurosine.

Neurotic, Anodyne and Hypnotic.

Neurosine is almost a specific in epilepsy. Unexcelled in all forms of neuroses, chorea, hysteria migraine, delirium tremens, asthma, spermatorrhea and whooping-cough. A natural sleep producer. The efficient neurotic, the best calmative, and heart regulator in grip and pneumonia, etc.

Dise: Teaspoonful in water 3 or 4 times a day.

Battle & Co., of St. Louis, have recently issued, for use by the profession, a very useful brochure of Diabetes Mellitus and they desire to place a copy in the hands of each practitioner. A postal card will bring a copy to your address, and you will find it full of useful information.

I have used and continue to use the preparation Seng with marked success, especially in cases of gaseous dyspepsia accompanied by irritable heart. I learn from my druggist that he has an increasing demand for it.

A. W. FISHER, M. D.,
Altoona, Pa.

DOCTOR:—If you have a run-down patient that you would like to send to a quiet home above the Blue Ridge, write to Mrs. J. E. Absher, Obids, N. C. She has a delightful mountain home and sets a good plain table. The writer knows whereof he speaks. Obids is reached via Wilkesboro.

Ergoapiol (Smith) may be implicitly relied upon to promptly relieve the most intractable forms of amenorrhea, dysmenorrhea, menorrhea, metorrhagia, or, in fact, any disturbance of the menstrual function arising from a disordered condition of the organs of regeneration. It is an emmenagogue of incomparable excellence.

When an internal mucous astringent is indicated, in such cases as Cholera Infantum, etc., Kennedy's darp pinus canadensis should be given in an alkaline medium.

Menopause.—Preceding and succeeding the final cessation of ovulation and menstruation, physical and psychical disturbances of a more or less serious character are frequently observed. Ergoapiol (Smith), because of its tonic effect upon the female generative system and its splendid antispasmodic influences, is of unsurpassed value in the treatment of the various disturbances incident to this period.

No more healthful, stimulating and generally beneficial application can be made to a diseased mucous membrane than Kennedy's Pinus Canadensis.

BOOK REVIEWS.

THE JOHNS HOPKINS HOSPITAL REPORTS; Volume XII. Baltimore: The Johns Hopkins Press, 1904.

Volume XII of the Johns Hopkins Hospital Reports is full of original research presented in its usual careful detail. The subjects are:

1. "The connective tissue of the salivary glands and pancreas, with its development in the glandula submaxillaris."

2. "A new instrument for determining the minimum and maximum blood pressures in man."

3. "Metabolism during pregnancy, labor and the puerpurium."

4. "An experimental study of blood pressure and pulse pressure in man."

5. "Typhoid meningitis."

6. "The pathological anatomy of meningitis due to bacillus typhosis."

7. "A comparative study of white and negro pelves, with a consideration of the size of the child, and its relation to presentation and character of labor in the two races."

8. "Renal Tuberculosis."

A TEXT BOOK OF THE PRACTICE OF MEDICINE. For students and practitioners. By Hobart Armory Hale, M.D., B.Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Physician to the Jefferson College Hospital; Laureate of the Royal Academy of Medicine in Belgium and of the Medical Society of London. Author of "A Text-Book of Practical Therapeutics"; "A Text-Book of Practical Diagnosis," etc. In one very handsome octavo volume of 1120 pages, with 129 engravings and 10 full-page plates in colors and monochrome. Cloth, $5, net; leather, $6, net; half morocco, $6.50, net. Lea Brothers & Co., Philadelphia and New York, 1905.

As the student of to-day is the physician of the future, and as the physician must always be a student, a single volume can be conceived as answering the requirements both of a text-book and work of reference. This volume embodies the experience of more than

twenty years of active hospital and private practice, during which time the gifted author has been constantly teaching Clinical Medicine and Therapeutics. Dr. Hare possesses to an unrivalled degree the ability to grasp the essence of a subject and to present it clearly. He also understands how to select just those points concerning which the practitioner is likely to seek for information. These characteristics are notable in his previous works, especially in the *Practical Diagnosis* and *Practical Therapeutics.* Five large editions of the former in nine years, and ten still larger editions of the latter in fifteen years, testify to the appreciation which has been bestowed on them wherever English is read. The author's long training has enabled him to appreciate and overcome the student's difficulties, and his equal experience in practice has qualified him with ripened judgment to solve the everyday perplexities of the physician. Throughout the work the author has dealt with medicine as a practical science, and has given prominence to those aspects which bear directly on human needs. The sections on diagnosis and treatment have accordingly been developed with special fullness and detail, the therapeutical recommendations being given in such a way that they may be readily applied. Illustrations and plates have been introduced wherever an important point could be made clearer than by verbal description alone. This new work by an author so well equipped at every point is assured of a warm welcome as the leading Practice of Medicine for all classes of readers.

As usual with Lea's best text-books, the type is clear and of good size, the paper excellent and the illustrations of high order, the binding is well done; in fact, the publishers offer a perfect book.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS, Comprising Ten Volumes on the Year's Progress in Medicine and Surgery; Issued Monthly, Under the General Editorial Charge of Gustavus P. Head, M.D., Professor of Laryngology, Chicago Post-Graduate Medical School. Volume II—General Surgery; edited by John B. Murphy, M.D., Professor of Surgery, Northwestern University Medical School. Series 1905. Chicago: The Year Book Publishers, 40 Dearborn Street.

This is volume two of the Practical Medicine series of year books, comprising ten volumes on the year's progress in medicine and surgery. Prof. Jno. B. Murphy, of Chicago, is the eminent editor of this issue, which is on general surgery, which speaks for its value to those of the profession interested in this branch of medicine. While reporting the work of the laborers in surgery in general the master head and mind of Murphy dominates the entire subject matter; especially is this evident in the sections on the gall-bladder and ducts, the operations on non-malignant diseases of the stomach, pancreas and duodenum. The author considers the principle of non-manipulation and non-irrigation of the peritoneum in acute infectious processes as well established and insists on cutting off the supply of infection with simple drainage of the cavity. Practical surgeons who wish to know the operative course, and physicians who wish to know when to refer these cases to the surgeon, should read this volume.

ANNALS OF SURGERY.—The April number of the Annals of Surgery is an especially interesting one, containing thirteen original memoirs, eleven of these being devoted to the study of

the Prostate. This is a subject with which every one, be he a surgeon or no, should be thoroughly familiar. Dr. Lewis Stephen Pilcher well says in his article "every hamlet has its prostatics." Whenever there are old men obstructive dysuria will be met with. The general recognition of the possibilities of operative relief will compel the frequent attempt on the part of the general surgeon to supply it. That it is no longer a question of what is possible in the hands of the specially expert, but what will in the hands of the average surgeon most certainly and safely relieve the obstructive dysuria, that the prostatic disease has produced.

Nursing in Eye, Ear, Nose and Throat Diseases. Eye, Ear, Nose and Throat Nursing. By A. Edward Davis, A.M., M.D., and Beaman Douglas, M.D. Thirty-two illustrations. The F. A. Davis Co., Philadelphia.

This little book is written primarily for nurses, but students and practitioners may learn much from it. It is a safe guide to the intelligent care and nursing of the various diseases comprised in its title-page, and is written in an attractive style.

Alling and Griffin's Diseases of the Eye and Ear. A Manual for Students and Physicians. By Arthur N. Alling, M.D., Clinical Professor of Ophthalmology in Yale University, Department of Medicine, New Haven, Connecticut, and Ovidus Arthur Griffin, B.S., M.D., Late Demonstrator of Ophthalmology and Otology, University of Michigan, and Oculist and Aurist, University Hospital, Ann Arbor, Michigan. In one 12mo volume of 263 pages, with 83 illustrations. Cloth, $1, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

This is the seventeenth of the twenty-two hand volumes of the series to be brought by Lea Brothers.

In this volume the subjects of Ophthalmology and Otology are presented in a clear and thorough manner, the cardinal facts only being mentioned. The text is rendered more effective by well executed illustrations.

A Hand Book of Nursing. Revised Edition. For Hospital and General Use. Published under the direction of the Connecticut Training School for Nurses. J. B. Lippincott Company, Philadelphia and London, 1905.

This volume of over 300 pages is a revision of the popular book of same name issued in 1878 by the Committee of the Connecticut Training School for Nurses.

The general advance in the science of medicine, and consequently in nursing, makes it necessary to change and enlarge the Connecticut Hand Book of Nursing of 1878. All private nurses to be successful must be trained hospital nurses, and while losing officialism and gaining time and freedom for a more personal sympathy, must bring to their private patients the steadying influence of careful hospital drill. For this reason this new edition provides instruction for hospital nurses in preparation for their later work in private families.

In preparing the revision late authorities on medical and surgical subjects have been consulted, graduate nurses have made valuable contributions, and the school is especially indebted to six members of the attending staff of the hospital, and of the medical college, who have kindly read over and corrected a large part of the manuscript.

The book is not intended to take the place of class-room instruction, but to

assist the nurse in the intelligent performance of her daily duties.

Appleton's Medical Dictionary. An Illustrated Dictionary of Medicine and allied subjects in which are given the Derivation, Accentuation and Definition of terms used throughout the entire field of Medical Science. Edited by Frank P. Foster, M.D., Editor of the New York Medical Journal and Philadelphia Medical Journal, consolidated, of a reference book of Practical Therapeutics, and of Foster's Illustrated Encyclopedic Medical Dictionary. D. Appleton & Co., New York and London, Publishers.

This is a work of nearly two thousand pages, based on original research work by the editor and his co-laborers. Dr. Foster is eminently qualified for the position of editor of a dictionary of the Medical Sciences and he has performed his task in a satisfactory manner.

The work is full in its definitions, and up-to-date in giving new words and phrases. The spelling follows the old well established forms rather than the newer fads in this line.

The scheme of pronunciation is simple and intelligible rather than running to the nicer shades of pronouncing. It can well be considered an authority by which the physician and student are to be directed and guided in their studies.

Welch & Schamberg on Acute Contagious Diseases. A Treatise on Acute Contagious Diseases by William M. Welch, M. D., Consulting Physician to the Municipal Hospital for Contagious and Infectious Diseases; Diagnostication to the Bureau of Health, etc., Philadelphia, and Jay F. Schamberg, A.B., M.D., Professor of Dermatology and of Infectious Eruptive Diseases, Philadelphia Polyclinic; Consulting Physician to the Municipal Hospital for Contagious and Infectious Diseases, and Assistant Diagnostician to the Philadelphia Bureau of Health, etc. In one very handsome octavo volume of 781 pp., illustrated with 109 engravings and 61 full-page plates. Cloth, $5, net; leather, $6, net; half morocco, $6.50, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

The authors, from years of faithful study and abundant clinical experience, are peculiarly well equipped to furnish precisely the practical information which the every-day physician needs, and they have succeeded in presenting this knowledge fully and clearly in a style of diction which makes reading a pleasure as well as a profit. The Philadelphia Municipal Hospital offers almost unlimited opportuunities for the consideration of Contagious Diseases, and the work is based upon the personal study of the many patients who come daily under the charge of the authors; thus there have been studied nearly ten thousand cases of Small Pox, Scarlet Fever and Diphtheria in addition to the very many cases of the other diseases discussed, such as Vaccinia, Measles, Chicken Pox, Rubella, Typhus Fever, etc.

Diagnosis and Symptoms are given the thorough attention they deserve, and as the volume is intended primarily to be a practical guide to the practitioner who may not have had the advantage of a large clinical experience in this field, treatment both medicinal and non-medicinal, hygienic measures, disinfection, etc., are all covered with careful complete details.

In illustrations the book is rich indeed; the pictures alone are easily worth the price of the book; the ma-

terial was abundant and beautifully clear photographs of patients in the successive stages of the various diseases are used wherever the text can be made clearer therby. It is a work which will find a radily accessible place on the shelves of every practicing physician.

The following Table of Contents will give some idea of the scope of the work, but does not, of course, indicate the clearness with which the subjects are treated in the text:

CH. PAGE.
I. Vaccinia.. 17
II. The Relationship of Cow Pox or Vaccinia to Small Pox.. 87
III. The Variolous Diseases of Lower Animals 135
IV. Small Pox 144
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IX. Measles.. 476
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XII. Diphtheria.. 598
XIII. The Treatment of Diphtheria 687
XIV. The Serum Treatment of Diphtheria 730
XV. Disinfection.. 761

Gray's Anatomy.

Messrs. Lea Brothers & Co. have pleasure in announcing a new edition of Gray's Anatomy, to be published about midsummer, and embodying nearly two years of labor on the part of the editor, J. Chalmers DaCosta, M.D., of Philadelphia, and a corps of special assistants.

Commensurately with the importance of the largest selling medical work ever published, this new edition will present a revision so thorough and searching that the entire book has been reset in new type. In addition to the changes necessary to bring it abreast of the most modern knowledge of its subject, several important alterations have been made with the view of adapting it still more closely to present-day teaching methods, and in fact to anticipate the trend of anatomical work and study.

Thus, while the older nomenclature is used, the new names (B.N.A.) follow in brackets; the section on Embryology and Histology at the back of the present "Gray" has been distributed throughout the new edition in the shape of embryological, histological and biological references and paragraphs bearing directly on the part under consideration, thus contributing to a better and easier understanding.

The illustrations have come in for their full share of the general revision, so that at this writing more than 400 new and elaborate engravings in black and colors have been prepared. "Gray" has always been noted for its richness of illustration, but the new edition far exceeds anything that has hitherto been attempted.

No medical text-book has ever approached "Gray" in sturdy longevity and accumulating strength. Notwithstanding the many would-be competitors, which during nearly fifty years have periodically appeared and endeavored to share its ever-increasing popularity, this wonderful creation of a genius who lived barely long enough to realize that his work was done—how well he never knew—goes on and on, each succeeding year bringing new friends and strengthening the fealty of the old.

The editor and publishers have spared neither labor nor expense to

keep "Gray" at the forefront of anatomical knowledge, and there seems to be no reason to doubt that its next fifty years will pass as smoothly and as successfully as have those past .

Modern Clinical Medicine.

D. Appleton & Co. will publish at short intervals a translation of "Die Deutsche Klinik," a publication which is being brought out in parts in the German language. The articles upon the various diseases have been written by the most eminent men in Germany. Professors Layden and Klemperer are the editors of the German work and the articles are written by such well-known authorities as Leube, Ewald, Boas, Baginsky, Liebermeister, Eichhorst, Strumpell, Jurgenes, Ehrlich, Grawitz, Binz, Nothnagel, Gerhardt, Loeffler, Krafft-Ebing, Hoffa, Ortner, Kaposi, and many others whose names are as familiar to you as the above mentioned.

It is the plan to publish this work in several volumes, the entire work to be translated and edited under the general supervision of Dr. Julius L. Salinger, of Philadelphia, Pa. Each volume in the series will have a special editor.

The first volume of Modern Clinical Medicine, "Infectious Diseases," will be published on the 3rd of May, 1905. This volume will be edited, with annotations, by Dr. J. C. Wilson, Professor of Medicine at the Jefferson Medical College, Philadelphia, Pa. The second volume, which will appear shortly after the first, will consist of "Constitutional Diseases and Diseases of the Blood."

The Appletons are bring out a series of valuable medical books called "Modern Clinical Medicine."

The first of this series, "Infectious Diseases," a volume of 925 pages, containing many illustrations, and two colored plates. The entire field of infectious diseases is fully covered.

The price in cloth of "Infectious Diseases" is $6.00. The volumes in "Modern Clinical Medicine" will be sold separately. The second volume in this series, which is now in preparation, is "Constitutional Diseases and Diseases of the Blood." The third volume of the series will be "Diseases of the Digestive Tract."

The Private Car and Rebates—A point Omitted in Mr. Garfield's Report on the Beef Industry.

"Calculations as to the effect of car mileage on beef prices to the consumer are all bosh," says Charles E. Russell in his detailed consideration of Garfield's Report on the Beef Trust, in Everybody's June installment of "The Greatest Trust in the World." "Whether the profit on car mileage is four cents a hundred pounds or four mills a million tons is not worth a moment's thought. The real point, over which this report skates with airy ease, is that the privately owned car in the dressed beef trade is merely a disguise for illegal railroad rebates, that it was designed for that purpose and none other, that it is and was merely a way to cover law-breaking, and that the breaking of the law at which it connived enabled the Trust to be formed, competitors to be crushed, and the people to be robbed. The private refrigerator car meant $15 rebate on every carload of beef shipped from Chicago to New York. The houses in the combination got that rebate; their competitors did not get it, and that ended the competitors. If we are to have government reports we might as well have them tell the truth."

IF IT'S A PILL MADE BY W.R.WARNER & CO. IT'S SOLUBLE

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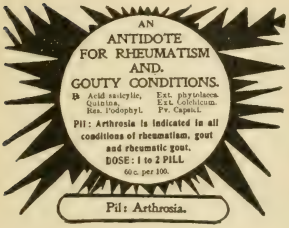
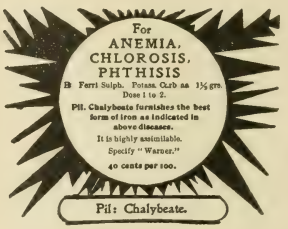
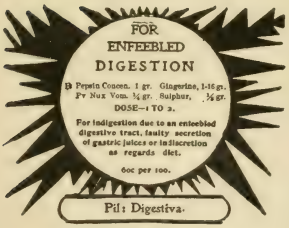
Just what is Needed by the Busy Practitioner.



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DIGESTION
℞ Pepsin Concen. 1 gr. Gingerine, 1-16 gr.
Pv Nux Vom. ¼ gr. Sulphur, ½ gr.
DOSE—1 TO 2.
For indigestion due to an enfeebled digestive tract, faulty secretion of gastric juices or indiscretion as regards diet.
60c per 100.
Pil: Digestiva.

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EFFICIENT
CATHARTIC.
℞ Cascarin .¼ gr. Aloin . . ¼ gr.
Podophyl. ¼ gr. Strych. .1-6 gr.
Gingerine. ¼ gr. Ext. Bellad. ½ gr.
Relieves hepatic torpidity, renews peristalsis.
An intestinal tonic mild in action.
DOSE: 1 TO 2 PILLS.
60 cents per 100.
Pil. Cascara Cathartic.

Don't fail to specify "Warner & Co." on your prescriptions.

Samples by mail on request.

WILLIAM R. WARNER & Co. PHILADELPHIA NEW YORK CHICAGO NEW ORLEANS
Manufacturing Pharmaceutists

Circulation Quintupled.

In "With 'Everybody's' Publishers" for June, the publishers review the achievements of the magazine in the past two years. "Beginning with the small things, the less important things," they say: "Everybody's Magazine two years ago was a 96-page magazine. It now carries an average of 160 pages a month of reading matter. Two years ago we were running 73 pages of advertising, for which we received $9,742.64 gross. In this number we have approximately 120 pages of advertising, for which we receive $45,000 gross. Two years ago the circulation of Everybody's Magazine was 150,000 copies a month. Our edition this month will be practically fives times that—750,000."

MEDICAL NEWS AND ITEMS.

In India during the week ending March 4th there were 34,000 deaths from bubonic plague.

A fatal case of plague was found recently on a steamer arriving at Liverpool from eastern ports.

It is said that food laboratories will be established in Boston, New Orleans, and San Francisco, similar to the one recently opened in New York City.

Dr. William S. Thayer has been elected to the chair of clinical medicine in the Johns Hopkins Medical School.

During the month of March, 1054 cases of typhoid fever, with 91 deaths, were reported to the health authorities in Philadelphia.

Cerebro-Spinal Meningitis has caused many deaths in Greater New York since January 1st. Most of the victims were children.

Dr. Whistnant has opened an Eye, Ear, Nose and Throat Hospital in Charlotte.

Ground has been broken for the new Manhattan Eye, Ear and Throat Hospital. The hospital will cost between $450,000 and $500,000, including the equipment. The building will be six stories high.

Among those present at the recent dedication of the new Lutheran Cathedral in Berlin was Dr. Luther, a physician practicing at Luckenwalde, who is said to be a direct descendant of Martin Luther.

A drastic anti-cigarette bill passed the Wisconsin Senate on St. Patrick's Day. It had previously been passed by the Assembly. It makes unlawful the sale, gift, or importation in the State of cigarettes, or cigarette materials.

General Davis, governor of the Panama Canal zone, has notified the Secretary of War that he can dispense with nearly all of the marines on the isthmus, on account of the fear of an epidemic of yellow fever in the locality where the marines are stationed. The Secretary of the Navy has been called upon to order all of the marines north except about one hundred. They will probably be sent to Guantanamo.

In the State of Ohio there is a law forbidding the issuing of marriage license to habitual drunkards. A similar measure is to be submitted to the New Jersey State Legislature.

The contract for large additions and extensive alterations for the Roper Hospital at Charleston, S. C., has just been given to Frank B. Gilbreth, of New York, on the cost-plus-fixed-sum

basis. These alterations include among other things a new electric lighting plant, new steam heating and plumbing, and a large addition. The estimated cost is $100,000 and the date of completion is November 15th.

The Japanese, says American Medicine, are making every effort to prevent the appearance of disease during the coming warm weather. Thousands of soldiers and Chinese are engaged in cleaning Mukden and the vicinity of the battle-fields. The Russians left the city in a very unsanitary condition, and this will result probably in much sickness during the summer unless the sanitary measures of the Japanese are successful. Strict orders have been issued regarding the maintenance of purity of the drinking water, and other preventive measures will be taken.

A special report on the prevalence of fevers in the Dinapur district in Bengal has recently been published by the government of India. The death rate attributed to "fevers" having risen considerably, Captain Rogers, I.M.S., was especially sent to inquire into the matter. He found that chronic malaria—the chronic fever produced by Lieshman's parasite—dysentery, pneumonia, phthisis enterica and other diseases were responsible for this large death rate. The distributions and varieties of Anopheles in the district selected were also studied, and A. Fuliginosus, A. Rossii, and A. Listonii were found to be the common species. The latter is probably the only one that spreads malaria in natives, and Rogers points out that in dealing with the question of prophylaxis it is important to direct attention to the destruction of the harmful species in particular. He further believes that great circumspection is required in recommending measures for destroying Anopheles in Lower Bengal, and looks more to the general distribution of quinine as the main factor in the reduction of malaria.

WHEN YOUR CASES OF

CHRONIC CONJUNCTIVITIS

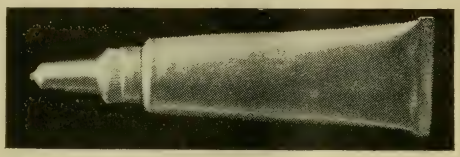
BECOME TEDIOUS, SEND FOR

FREE SAMPLE

PAINLESS YELLOW OXIDE

AND

ADRENALIN EYE SALVE



In Collapsible Tubes

The Tediousness Will at Once Disappear.

OPHTHALMIC REMEDY CO.

CHARLOTTE, N. C.

President Elliot, of Harvard University, in a recent report has the following to say in regard to football. The game of football has become seriously injurious to rational academic life in American schools and colleges, and it is time that the public, especially the educated public, should understand and take into earnest consideration the objections to this game. Some of the lesser objections to the game are its extreme publicity, the large proportion of injuries among the players, the absorption of the undergraduate mind in the subject for two months, and the disproportionate exaltation of the football hero in the college world. Many serious injuries occur which are permanently recovered from in good measure, but which are likely to prove a handicap to the victim in later life. In speaking of the football athlete he says: "The alert, nimble, wiry tough body is for professional or business purposes in future life a better one than his; and the mental qualities of the big, brawny athlete are almost certain to be inferior to those of slighter, quicker-witted men, whose moral ideals are at least as high as his. What, then, are the sources of the grave evils in this sport? They are (1) the immoderate desire to win intercollegiate games; (2) the frequent collisions in masses which make foul play invisible; (3) the profit from violation of rules; (4) the misleading resemblance of the game to war as regards its strategy and its ethics."

We learn from an exchange that hereafter license to practice medicine in North Dakota will be awarded on presumption of a diploma granted by a college giving four courses of lectures of at least eight months each and an examination in prescribed subjects. The board is given power to revoke or refuse a license for dishonorable or immoral conduct, chronic or persistent

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inebriety or mental aberration, excessive use of narcotics, or for the practice of criminal abortion. In complaints for violating the provisions of this section of the law the accused must be furnished with a copy of the complaint, and be given a hearing before the board in person or by an attorney. The law provides for reciprocity as follows: The board in its discretion may grant license for the same fee ($20) without examination to applicants examined and licensed by other State examining boards maintaining standards not lower than those provided for by the law.

The Raleigh folks are interested in their milk supply, as the following clipping from one of the dailies indicates. We commend the action of the Raleigh Board of Health to the attention of other cities and towns:

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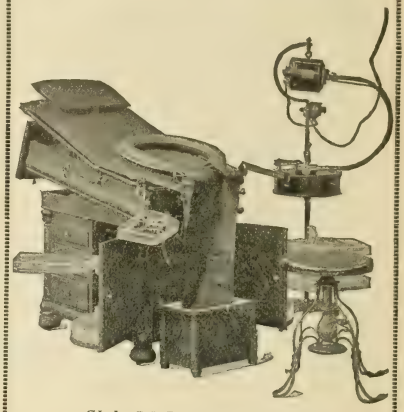

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again yesterday to discuss the city's milk supply and took definite action for carrying out the ideas first advanced by Dr. Joseph Graham on this important subject. After talks were made by Dr. Tait Butler, Mr. W. C. MacMackin, Prof. Kendall, Dr. R. H. Lewis, Dr. Jos. Graham and City Attorney W. L. Watson, the board appointed a special committee which shall inspect all the dairies here and have samples of the milk examined by a competent bacteriologist. This committee is instructed to report the result and to recommend a plan which will insure the good quality of milk sold. The committee will also submit an estimate of the probable expense of employing a bacteriologist, a chemist, a physician and an inspector of milk, the four to form a commission, which shall have the regulation of the city's milk supply. This important committee is composed of Dr. R. S. McGeachy, Dr. Tait Butler, Mr. Wm. Boylan, Mr. W. L. Watson and Dr. Jos. Graham.

Dr. Graham, who has been the moving spirit in this matter, said last night that the purpose was to help the dairymen of Raleigh and was in no sense antagonistic to them.

Tenderly she laid the silent white form beside those that had gone before. She made no outcry, she did not weep. Such a moment was too precious to be spent in idle tears. But soon there came a time when it seemed as if nature must give way. She lifted her voice and cried long and loud. Her cry was taken up by others, who were near, and it echoed and echoed over the grounds. Then suddenly all was still. What was the use of it all? She would lay another egg to-morrow.—Albright's.

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SERIES OF 1905

Vol. I, March.
Vol. II, June.
Vol. III, September
Vol. IV. December.

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SURGICAL HINTS.

Silicate of soda, or water-glass, forms one of the very best substances to use as a rigid dressing. The addition of powdered chalk to it will stiffen it further if needed.

In the fractures of young children do not look too much for crepitus. These fractures are apt to be on the line of union with an epiphyseal cartilage, and no crepitus can be evolved without the use of an unjustifiable amount of force.

In the event of a rubber tube falling into a cavity, as in the pleura after an operation for empyema, it is useless to search with instruments. If irrigation does not float out the tube, or make it visible, the opening must be enlarged and the tube sought with the fingers.

Ichthyol is a most valuable substance to reduce inflammatory swelling, and in septic conditions affecting the skin. Its disagreeable odor is very distressing to many patients, but it can be concealed by the addition of oil of citronella, minims xx, to the ounce of ointment. Oil of roses also does well, but is very expensive.

It is not always easy to distinguish pure shock from concealed or internal hemorrhage. In the latter there are apt to be recurrent attacks of synocope, which do not take place in the former. In pure shock the hemoglobin is unchanged, while in hemorrhage it is greatly reduced. But it is well to remember that both conditions are very apt to take place in the same patient.

The tendency in suturing operative wounds is now towards uniting the deep structures carefully with absorbable ligatures, usually continuous, and to close the skin with fine silk and

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small needles. This gives better approximation, less scaring, and, where tension is not an important factor, is as safe and effective as the heavier silkworm sutures formerly so much used.

An abscess resting upon an artery may move with the pulse so as to stimulate an aneurism. But the movements are in one direction only, and if a finger is placed on each side of the tumor, they will be lifted up but not separated, whereas in aneurism the fingers are separated at each impulse. An aseptic needle of small calibre will do no harm to an aneurism, and it is therefore better to use it if there is any doubt.—International Journal Surgery.

Just a Little Nonsense.

Not Yet.—Lincoln's humor often got him out of trying situation and tempered his refusals of favors, as happened during the Civil war when a gentleman asked him for a pass through the Federal lines to Richmond. "I should be happy to oblige you," said Lincoln, "if my passes were respected. But the fact is, within the last two years I have given passes to Richmond to a quarter of a million men, and not one has got there yet."

"So you have decided to get another physician?"

"I have," answered Mrs. Cumnox; "the idea of his prescribing flaxseed poultices and mustard plasters for people as rich as we are!"—Ex.

Quite right. If he had been up-to-date, he would have used Antiphlogistine, whether his patients were rich or poor.

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The Etiology of Gout.

Fulcher states that heredity, overindulgence in malt lqiuors, poor food with bad hygienic surroundings or overeating with insfficient exercise, and lead intoxication are undoubtedly important predisposing etiologic factors in the production of gout. An analysis of 54 cases treated in the medical wards of the John Hopkins Hospital shows that the overuse of fermented beverages seems to be the most potent factor in this country. Gout in the United States appears, therefore, in the majority of cases to be acquired or "free-hold" rather than "copy-hold" or inherited.

Studies of the metabolism in gout have as yet afforded no satisfactory explanation for the causation of the disease. There seems very little doubt but that it is due to disturbance in the metabolism of the " endogenous" and "exogenous" purins. As yet there is not sufficient experimental evidence to warrant us in abandoning the theory that the manifestations are in large part due to disturbances in uric-acid metabolism. Practically all researches agree in showing that the blood in gout contains a marked excess of uric acid, and the balance of opinion is in favor of the view that this excess is due to deficient excretion on the part of the kidneys. The alkalinity of the blood is apparently not diminished, as Garrod supposed.

The joint manifestations are essentially due to the deposition of the uric acid combinations of the blood in the form of the crystalline sodium biurate. Whether a local tissue necrosis is primary or secondary to this deposition is a question still in dispute. Nephritis, usually of a chronic interstitial type, arteriosclerosis, myocarditis, pericarditis and emphysema are the other most frequent pathologic findings.—*Jour. A. M. A.*

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So He Hurried.—A visitor to the St. Louis Exposition was congratulating Joseph W. Folk upon the speed with which he had brought the "boodle aldermen" to trial.

"Speed," said Mr. Folk, smiling, "is an excellent thing, a thing that will achieve wonders. I heard the other day of an Irishman, though, who expected too much speed.

"This Irishman was a painter. Usually, being paid by the hour, he worked rather slowly, but a friend one day found him painting away like a steam-engine.

"The friend paused to investigate so strange a matter.

"'What's come over ye, McGuire?' he said. 'It ain't like ye to work that fast.'

"'Whist,' said McGuire, 'shtand oot o' the way, an' don't shtop me. O'im thryin' to get through befure me paint gives out."

A Fool Ruling.—John W. Yerkes, commissioner of internal revenue, is telling a good story on himself. Like many Kentuckians, Commissioner Yerkes sometimes chews tobacco. Shortly after the promulgation, by his own order, of the rule that all tobacco must be kept in the original boxes until it is sold, he went to a store in Washington and asked for a piece of his favorite brand. The clerk handed it to him, and as he tried to cut off a mouthful it crumbled into dust. "What is this that you're giving me?" he asked. "Punk?" "It is pretty dry," replied the clerk; "but we can't help it. We used to be able to take a few pieces out and keep them in a moistening box, but some darned fool up in the internal revenue office decided that that was illegal, and we can't do it any more. Beats all what idots get appointed to office." "Well, that certainly was a fool ruling," replied Mr. Yerkes.

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Highly Trained.—Opinion differs among the friends of Bliss Carmen as to whether the well-known poet and literateur is six feet three or six feet five inches in height. Yet, far from being sensitive on the subject, Carmen tells this story on himself: During a recent visit to Washington he was introduced to James Whitcomb Riley by a mutual friend on Pennsylvania avenue. The Hoosier poet is not so well versed in the art of being tall as is his contemporary, and according to Carman, as Riley switched his quid from one cheek to the other and surveyed him much as a countryman viewing a skyscraper, he remarked: "Well, by gum! Your parents must have trained you on a trellis."

A Boston exchange states that it is to the honor of Massachusetts to have provided the first institution for the care of tuberculous patients under State care, control, and largely under State support. The sanatorium at Ruthland, established as the result of the earnest appeals of physicians and philanthropists, has, in the judgment of a great majority of specialists familiar with its work, passed an experimental stage. Its methods are the most approved and scientific, its results satisfactory, and the cost of maintenance within the average of the best institutions of the kind. The State Sanatorium now has a capacity for 325 patients. On the completion of present plans it will accommodate 400. Its report for 1903 shows 589 cases admitted and 576 discharged. Of these patients 48.97 per cent are recorded as having the disease arrested and apparently cured, 43 per cent as improved, and 7.9 per cent as not improved.

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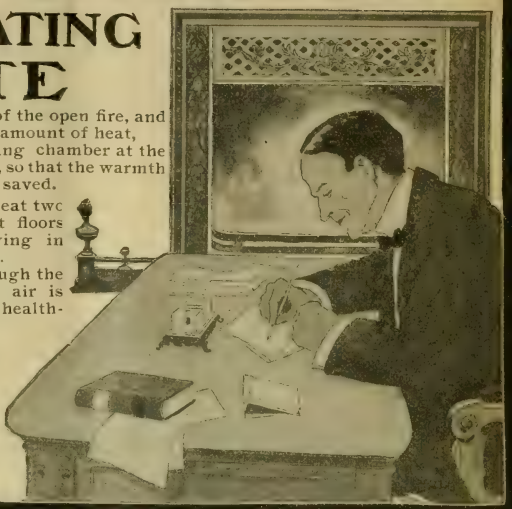

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This preparation is recommended by Shoemaker in the treatment of scabies, applied as follows:

℞. Sodii hyposulph.
Aquæ destil., aa....℥iii 90|

M. Sig.: Apply locally to the affected parts after a morning bath, and allow it to dry on the skin. Before going to bed the skin is bathed with the following lotion:

℞. Acidi hydrochlor. dil..℥iii 90|
Aquæ destil. .....℥vi 180|

M. Sig.: Apply locally at night.

In the treatment of thrush or sprue occurring in infants or adults the following combination is of value:

℞. Sodii hyposulph. 5iii 12
Glycerini 5iss 6
Aquæ q. s. ad.....℥ii 60

M. Sig.: Apply locally on a piece of absorbent cotton or antiseptic gauze. It will do no harm if the infant should swallow any of the solution. Sodium hyposulphite is also of service as an antiseptic when sarcinæ are present with vomiting.

℞. Tinct. gentianæ co....3ii 8|
Tinct. capsici .....3ss 2|
Sodii hyposulph. ...gr. xl 2|65
Spts. chloroformi ..gtt. vi |25
Aquæ q. s. ad.....℥viii 240|

M. Sig.: Two tablespoonfuls three times a day.

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The following combinations are recommended by Med. Bulletin in the treatment of psoriasis:

℞. Sulphuris precip.	..gr. iii	20
Salol	.....gr. ii	12
Olei gaultheriæ	....m. ss	03
Acidi arsenosi	...gr. 1/30	.002

M. Ft. cap. No. i. Sig.: Two capsules three times a day for an adult.

Locally the following may be used:

℞. Acidi salicylici	.....3i	4
Ung. hydrarg. nitrat.		
Ung. aquæ rosæ, aa.	.3ss	15
Olei eucalypti	.....3ss	2

M. Ft. unguentum. Sig.: To be applied locally.

Jour. A. M. A.

CONSTIPATION.

W. D. Robinson, Medical Review of Reviews, administers ordinary white vaseline with a little water or orange juice, with excellent results. He has had particular success in the severe constipation that often accompanies typhoid fever.

SCIATICA.

℞. Cocain hydrochlorate, gr. j.
Morphin hydrochlorate, gr. ½.
Sodium chloride, gr. j.
Carbolic acid, mj.
Water, q. s. ad ℥j.

M. Sig.: Inject ten or fifteen drops deeply into tissue along course of nerve. (Med. Recorder.)

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Method of Demonstrating Tubercle Bacilli in Urine.

D. Trevithick (*Scottish Medical and Surgical Journal,* November, 1904) outlines the following technique: The lower part of the urine which has been resting in a conical glass is pipetted off and centrifugalized. The deposit left in the glass is then shaken up with distilled water, again centrifugalized, and the process repeated. From the final deposit films are made and stained in the usual way. By this method the demonstration of tubercle bacilli is rendered easier. The washing with distilled water is supposed to remove the urinary salts, which prevent the bacilli and even the pus cells from adhering to the slide or coverslip.—*Medical Age.*

Surgical Hints.

After urethral instrumentation it is a good practice to adminsiter ten grains of quinine. It often prevents a severe chill.

If a patient requires two major operations, one of them not urgent, attack first the condition that threatens life, for either operation may prove too complicated for the performance of both at one time without the production of fatal shock.

If the scalpel used to incise the skin is thereafter discarded and a fresh knife employed to continue an operation, the chances of carrying skin organisms into the wound are thereby that much diminished. This is a refinement of asepsis, but quite worth the while in such operations for example, as involve the invasion of a clear knee-joint.

Chronic bone sinues that have resisted many operations may be definitely closed by the method of von Mosetig. A constrictor is applied. Under strict asepsis the sinus and all diseased bone are thoroughly removed. With fresh instruments more bone is chisled out until an entirely healthy surface is exposed. After the cavity is cleansed it is washed thoroughly with one per cent. formalin solution, then dried with swabs and hot air, and filled with the following mixture, sterilized and melted:—Iodoform, 60; spermaceti and oleum sesami, each 40. The periosteum and skin are sutured without drainage.

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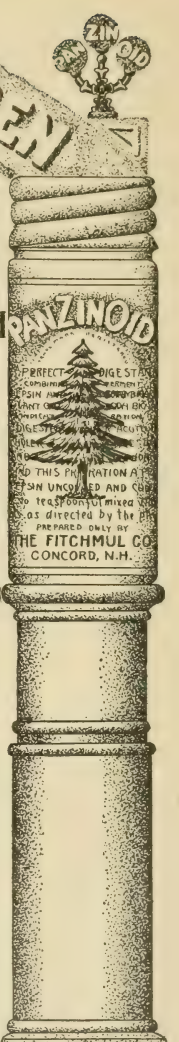

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I was astounded when the chemists informed me of the findings in a number of cases, and immediately had over 1,000 samples taken up all over the state. Ninety-five per cent. of the samples so far examined have shown the presence of wood alcohol in poisonous quantities, along with the pepper. Some samples contained arsenic, turpentine and traces of prussic acid.

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Sued for the Return of a Fee

Dr. Doyen, the well-known French surgeon, is being sued for the return of a fee which he collected in advance. Doyen, who claims to have discovered a serum which will cure cancer, was sought by an American lady suffering from cancer which had been pronounced by several American and English physicians as incurable. Dr. Dopen untook to treat the lady with his serum, and asked a fee of $20,000, which was paid a fortnight after the injections were begun. The treatment made the lady worse, and her husband declined to have them continued. The patient died a few months later, and her husband has brought an action for the return of the fee. What the outcome will be is difficult to forecast, but from this distance it looks as if Dr. Doyen had the better of the argument owing to his having already been paid. It is hard to extend any sympathy to rich Americans who think they must go to Paris for treatment of their ailments. Doubtless Parisian physicians do effect cures, but are they not due to the psychological effects produced by the large fees demanded and paid?—*Medical Age.*

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Convergent Strabismus.

Wendell Reber (*New York Medical Journal,* Nov. 5, 1904), says that esotropia is most likely to manifest itself before the end of the third year.

It cannot yet be said whether any of the various reasons assigned by parents for the appearance of strabismus have aught whatever to do with it. Whooping cough may be related to it.

Heredity certainly plays a part in bestowing upon some children a congenitally deficient visual apparatus.

The degree of deviation will average about 30° in a large number of cases. It is in no special way bound up with the degree of refractive error.

The amblyopia of esotropia is presumably an amblyopia ex. anopia, the present daay evidence being against Shweigger's theory of a congential amblyopia.

The degree of amblyopia increases with the length of time elapsing between the appearance and the time of treatment; especially is this true after the seventh year.

Improvement may be expected in the amblyopic eye in fifty to sixty per cent. of cases by properly adjusted glasses. This improvement varies from twenty per cent. to ninefold betterment.

While a defectively developed fusion apparatus has much to do with the genesis of esotropia, the influence of hypermetropia and its allied states seems almost as important as in the days of Donders. The part played by astigmatism is no little one.

There seems to be special relation between the degree of refractive error and the degree of deviation.

Hypermetropic conditions of from one to four diopters seem most commonly associated with esotropia.

A very high degree of hypermetropia does not necessarily exclude strabismus, as three cases in the series here presented were of 11D. and over.

If taken before the fifth year, there

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seems no reason why the strabismus should not be cured by non-operative methods in seventy per cent. of cases. This percentage will, in all probability, be increased to eighty per cent. in the next ten years.

The results of non-operative treatment in children, if adhered to with any persistence, are infinitely better than any "scissors" statistics thus far offered.

A New York exchange states that the oleomargarin interests have been unsuccessful in emasculating the Grout law, designed to prevent oleo from masquerading as pure butter, despite the proverb that a skilful attorney can drive a coach and four through any statute. Justice Brewer of the United States Supreme Court recently handed down a decision approving the decision of the United States District Court, under which a Chicago oleomargarin dealer was convicted of violating the vital section of the law, which imposes a tax of ten cents a pound on oleomargarin "colored artificially." In this instance the coloring substance was palm oil. The only effect of the palm oil was to color a product composed of other ingredients. The court held that one of the objects of the legislation was to prevent the sale of oleomargarin as butter, and that when any substance introduced in oleomargarin serves only the function of coloring the mass so as to cause it to look like butter "of any shade or flavor" it is an artificial coloration. The effect of the decision is to prescribe the use of any substance in oleomargarin, however harmless to health, which gives the product the color butter. The regulation of the sale of oleomargarin through the constitutional power of taxation was the only way by which the product could be reached by Federal legislation, and the phraseology of the law seems to be sufficiently explicit to defeat the most plausible attempts to evade it.

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Obstetrical Don'ts.

Don't rush your labor cases. Nature has a great way of retaliating by throwing in a few complications before you are through.

Don't forget that ante-partum care is the keynote of obstetrical treatment today.

Don't make any more digital examinations than can possibly be avoided.

Don't neglect to observe nature's method of managing a normal labor. You may pick up a few points. She was in the business before you began.

Don't pull the chord. Inversion of the uterus and retention of portions of the placenta or membranes have been known to result from such strenuous efforts.

Don't fail to warn your patients to consult you immediately if head aches, disturbed vision, vertigo, oedema of face or extremities appear.

Don't forget that the perineum is best protected by supporting the head and preventing its extension until the occiput has first been delivered under the pubic arch.

Don't neglect to examine carefully the vulva and pelvic floor for lacerations at the close of the second stage.

Don't hesitate to admit that they exist and take steps for their immediate repair. The day of the physician "who has had a thousand obstetrical cases without a laceration" is past.

Don't apply forceps unless there is a decided indication for their use.

Don't forget that version is safer than high forceps operation if the head has not engaged in the superior strait.

Don't forget the line of traction in forceps delivery.

Don't neglect to perfect yourself in ante-partum examinations. Under the educated touch, the position and presentation may be demonstrated as readily as though the maternal structures were transparent.

Don't forget the prime necessity of maintaining flexion in every evolution of the child through the parturient canal.

Don't make traction upon the child in breech presentation until the umbilicus reaches the vulva, and then in case of necessity have an assistant maintain supra-pubic pressure upon the head.

Don't forget to be gentle in your manipulations upon an asphyxiated child. Too vigorous manipulations mean shock and trauma.

Don't forget that the aim of the obstetrician should be not only to conduct the patient through the perils of childbirth, but to see to it that the pelvis has returned to normal condition as it was before pregnancy took place.

Don't forget to observe the pulse during labor. A rapid pulse is always the forerunner of disaster.

Don't waste time in post-partum hemorrhage with lesser measures. If you cannot obtain contraction of the uterus, pack it at once with gauze firmly and thoroughly.

Don't leave the patient when labor is completed until the pulse has fallen to or below the normal line.

Don't rupture the membrane unless some special indication exists for actual interference.

Don't overlook the rhythmic action of labor and the longer pauses or rests at the inauguration of each stage, which are perfectly physiological.

Don't hasten the delivery of the shoulders after the head has rotated externally.

Don't neglect occiput posterior cases. Early rotation to occiput anterior means lessened mortality to the child and saving of maternal soft spots.

Don't let your patient forget to report for post-partum examinations six weeks after the time for delivery. It is better for you to discover any lesions that may exist than for some brother practitioner to denounce you for not discovering them.

Don't make a traction on the membranes if they are nipped in the contracted uterus. With the next relaxation of the uterus they will readily slip out.

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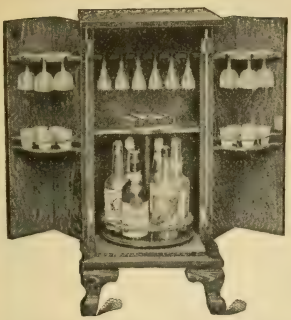

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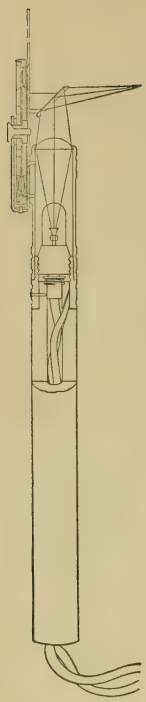

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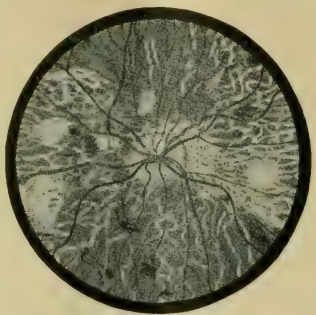

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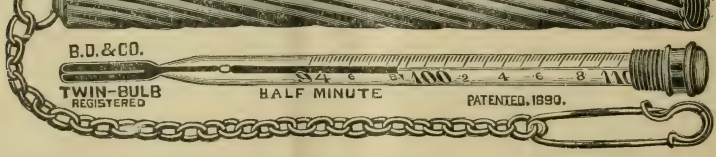

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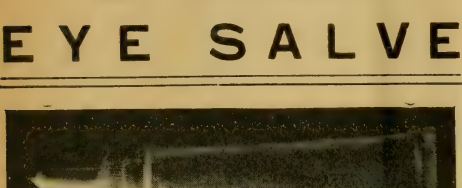

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